



**Town of Cutler Bay, Florida**  
**Senior Citizen Surveys and Needs Assessment**  
**November 11, 2013**

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# Senior Citizen Surveys and Needs Assessment

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## Executive Summary

The Town of Cutler Bay is a designated “Communities for a Lifetime” municipality by the Florida Department of Elder Affairs. Strategic Partners was retained by the Town of Cutler Bay to conduct a Senior Citizen Surveys and Needs Assessment in November 2012. Communities for a Lifetime (CFAL) is a statewide initiative that assists Florida cities, towns and counties in planning and implementing improvements that benefit their residents, both youth and elder. This survey is one of several steps a community can conduct in order to assess the needs of seniors in their community. The results of the survey can help establish needed programs and services as well as help set priorities for the town.

This final report is organized into three major sections.

**Report #1: Emerging elder needs based on population or geographic considerations, including the distribution of services or access to services within the Town.** This includes analysis of Census 2010 and American Community Survey data; analysis of data available from the Area Agency on Aging regarding older adults and the services received in the Town of Cutler Bay; analysis of resources available to serve older adult residents of Cutler Bay/southeastern Miami-Dade County; analysis of information, education, referral and linking services for older adults; and analysis of projected growth in senior population at baby boomer, 80+ and 90+ age groups. A further step was a survey of service providers working within the Town of Cutler Bay to project needs and to assess currently available resources for at-risk and frail elders.

**Report #2: Types of services provided and extent to which the services bring about positive outcomes (i.e., client self-sufficiency).** We conducted interviews and focus groups with older adult residents to determine the attitudes of older adults towards various “helping” resources, and to identify opportunities to improve their ability to live safely in community settings, then analyzed these findings and linked the responses to service improvements. In addition, we conducted interviews with the faith community and other community agencies, analyzed those findings and linked them to improved “natural support” resources.

**Report #3: The potential gaps in human services that are not being provided to its residents.** We analyzed existing resources available to older residents of Cutler Bay to identify which places are perceived as senior friendly. Residents were also asked about their needs related to housing, transportation and mobility, health, wellness and safety, recreational, cultural and social opportunities; and volunteerism and community involvement. Finally, we asked them how they receive information they trust.

### Impact of Age and Risk Factors on Community Planning and Resources

When planning for services to older adults, several distinct age groups that reflect changing functional status associated with aging must be analyzed. (Tables 4 & 5, pages 14, 15). The growth in older adults that will impact the demand for services in the immediate future is found in the age group 75-84., especially those who have pre-existing health challenges. Accidents or unexpected illness move seniors quickly from self-sufficient to needing an array of help. The oldest-old (85+) is the age group with the highest utilization of medical and home and community-based services. As a sub-group of the older adult population, this age 85+ population will see the largest growth in Miami-

Dade County between 2010 and 2015, reflecting the aging of the 75-84 year old segment. This group in Cutler Bay is three times the size of today's 85+ population. The presence of the "Baby Boom" population has implications for future planning in the Town of Cutler Bay and programs serving older adults.

We understand clearly the issues facing older Americans who wish to age in place. "*Naturally occurring retirement communities*" (NORCs) are a phenomenon facing many communities as the Baby Boom generation ages. The good news is that this generation is generally healthier to an older age than their parents and grandparents. The challenge is that our communities need to assess our resources and community landscape through a different lens to successfully support our residents' healthy aging.

## **Report # 1--Demographic Analysis of Senior Citizens residing in the Town of Cutler Bay, FL**

This report provides a demographic picture of the senior citizens residing in the Town of Cutler Bay. It is based on the 2010 census, which is the most detailed data yet to be released. This data source is also combined with the 2007 Unmet Needs of Seniors In Miami-Dade County study conducted by the Alliance for Aging. These two data sources provide both a picture of seniors in the county and lead to several hypotheses about needs.

The report is organized into a set of questions that policy-makers and administrators would ask in the course of budget and program development.

1. How many seniors reside in the Town?
2. What is the racial or ethnic composition of seniors?
3. Where do they reside? Are there areas with higher concentrations of seniors?
4. Where do seniors live when categorized by risk factors?

## **Examining the Census data for stress indicators**

The census is not a psycho-social survey. It simply counts Americans using various categories. However, two of those categories are associated with some psycho-social risk. These categories are living alone and grandparents raising grandchildren. At the individual level, this data is meaningless. There are plenty of people who live alone who have rich social lives. In addition, there are plenty of people in spousal relationships who experience some form of abuse. However, at a group level, living alone is associated with a higher risk for social isolation. As for grandparents raising grandchildren, the same holds true. There are many individuals whose life is enriched by their grandchildren, keeping them "young" in popular parlance. However, there are also grandparents for whom this is a very stressful experience. Again, this data can only be examined at a group level where having to raise grandchildren does create some degree of stress.

In general, seniors in Cutler Bay live in a family-oriented community and it is reasonable to assume that a good proportion of these residents have family living nearby or that they live with family. While there are certainly individuals and some census tract pockets where social isolation and poverty exist, it is not the general characteristic of seniors living in Cutler Bay. This is not to deny there are needs or issues warranting further attention, but it is to say that Cutler Bay represents an overall good place for seniors to live as well as the other residents.

Table 20 (page 34) reports a more direct risk indicator, poverty. The findings in this table are some of the most distinctive in the analysis. In census tracts 106.09, 106.10, 106.13 and 106.17 poverty rates for seniors range from

nearly 25% of the seniors in tract 106.10 living in poverty to over 42% in tract 106.09. At the other extreme of this scale only 2.2% of seniors in tract 106.04 live in poverty. It is poverty rates which differentiate seniors in Cutler Bay.

The significant topics that warrant consideration in the future are summarized in Table 22 (page 36). In this table those census tracts that are outliers related to risk factors are identified. It is important to note that these tracts are outliers in the context of Cutler Bay. If compared to other communities, their outlier status could well not exist.

As is evident from Table 22, seniors who reside in census tracts 106.09 face by far the highest risk factors. Tracts 106.13 and 106.17 also face comparatively higher risk factors. Seniors who reside in tracts 106.04, 106.08 and 106.12 on the other hand live with the greatest protective factors.

### **Relevant findings of the 2007 Unmet Needs Study, Area Agency on Aging**

In 2007, the Alliance for Aging conducted extensive research to provide data relating census data on seniors to usage/participation in services. This study examined the needs of seniors by zip code. Since zip code data is not coterminous with municipal boundaries, this presents an interpretation challenge. The Town of Cutler Bay overlaps several zip codes, which also include areas west of S. Dixie Hwy. Based on a review of a zip-code/municipal boundaries map these are:

- 33157 – the northern half of the Town falls into this zip code;
- 33189 – the central third of the Town falls into this zip code;
- 33190 – the southern portion of the Town south of SW 216<sup>th</sup> Street falls into this zip code.

The Unmet Needs Study had several findings of relevance to Cutler Bay. These rank zip codes in Miami-Dade County by relative needs of residents based on these risk factors. These included:

1. Growth rates in the senior population in the Town of Cutler Bay are higher than the growth in the overall population.
2. In 2007, the southern two zip codes had a lower median household income for those with a member age 55+ than for other residents.
3. Highest need for services for seniors 65+ with two disabilities who have unmet needs.
4. Number of seniors 65+ with 1 disability who are also below the federal poverty level who have unmet needs.
5. Number of seniors 75+ below federal poverty with unmet needs.
6. Highest percentage of seniors 75+ who live alone with unmet needs.
7. Highest percentage of seniors 85+ with unmet needs.
8. Likelihood of un-served seniors in the older age brackets who need HCBS (home and community based services).

### **Report #2: Types of services being provided and extent to which the services bring about positive outcomes (i.e., client self-sufficiency)**

A survey of 259 seniors (.06% sample) was conducted to obtain data about their lifestyle and needs. An initial survey was conducted from February to April 2013, with a second round in June 2013 to expand the sample of residents living in zip code 33190 and other demographics that were under-represented. It was conducted via individual interviews at locations in the Town where elders congregate, and a smaller sample of homebound elders. A copy of the survey form is found in **Appendix A**.

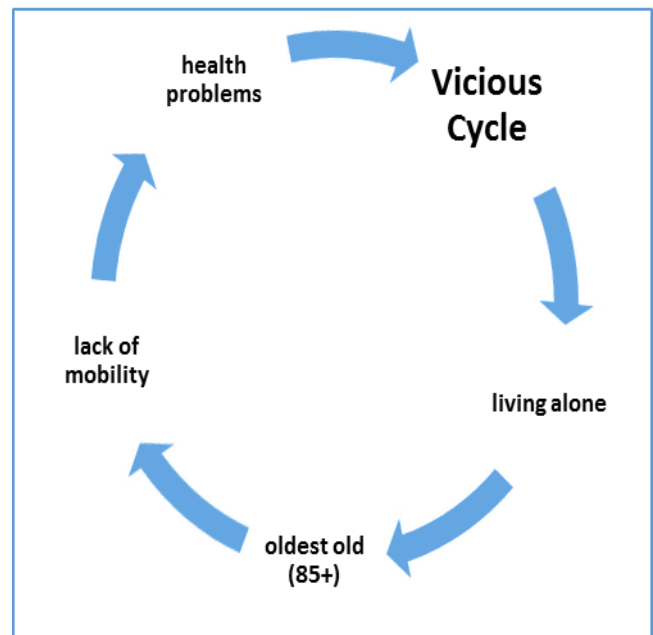
Context and Limitations. In attempting to interpret any data set, it is important to first note the context and limitations. In this survey, there are three substantive points of context. First, survey respondents were primarily white and Hispanic. Second, survey respondents were predominantly female. Third, the majority of respondents were in the 61 to 80 age range. The very elderly (85+) form a small minority (11%) of the respondents and Town

residents. It is within this context that the following conclusions are drawn. The sample was deliberately designed to represent the overall senior population of the Town of Cutler Bay.

**Conclusion #1:** The seniors we interviewed are healthy, mobile, and engaged. As the relevant tables show, these seniors engage in a variety of proactive health practices, are able to move around the community and actively interact with others. They are exemplars of the changing image of aging in which people are indeed healthy and living active lifestyles. The stereotypical view of the elderly as infirm, isolated and unhealthy applies only to a small minority of this sample. But this small minority will triple over the next 10-15 years (Tables 4 & 5—pages 14 & 15), so now is the time for the Town to prepare to assist their residents so they can “age in place”.

**Conclusion #2:** Stability of place matters. As Table 43 (page 46) reports, 79% of the sample has lived in their current home 10 years or more. The implications of that statistic are substantive. People who live in one place for 5 years or more have usually developed relationships with neighbors or others who routinely visit their neighborhood for business reasons, have become highly familiar with their environment, have learned how to navigate that environment in ways that foster both a sense of safety and the ability to be mobile in that environment, and are likely to have developed coping mechanisms that allow them to manage in their home and neighborhood. The participants in this survey are avoiding the stresses that come with moving to a new home, having to develop new relationships, and having to learn how to navigate an unfamiliar area. It also means that the Town’s growing population of older seniors will come from within. The “oldest old”—age 80+ will grow from 1,073 today to 1,882 in five years. In ten years, that group will have tripled to 2,955. The “Baby Boom” generation already resides in Cutler Bay. (Table 4—page 14).

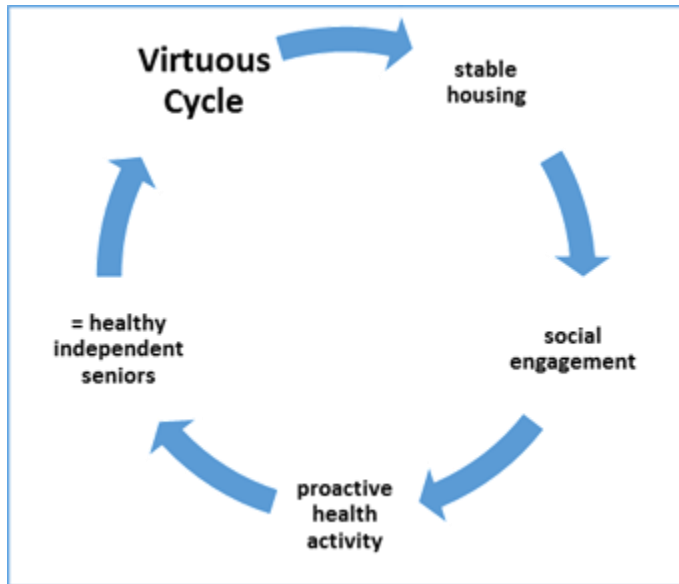
**Conclusion #3:** Aging at home or aging in place is an important and effective strategy for elderly services. Building upon conclusions one and two, it is obvious that enabling seniors to remain in their home environment has a positive impact on a number of negative stressors while supporting the social and care networks important to healthy living. Accepting the value of this strategy then leads to the need to maintain the viability of housing AND to develop relationships with senior programs that will help support them in their own homes as their independence declines over time. Advocacy and education to prepare the Town and its residents by building trusting relations with the senior residents and seeking strategies and resources to avoid the “Vicious Cycle” will be essential and will take resources.



**Conclusion #4:** Neighborhood stabilization and housing maintenance programs are cost-effective public investments. As tables 45 and 46 (page 47) indicate, 20% of respondents do need some form of housing support, mostly with respect to maintenance. Public programs that prevent neighborhood and housing deterioration can significantly contribute to seniors continuing to reside in their homes.

**Conclusion #5:** A virtuous cycle. What this study indicates is there is a virtuous cycle at work in which housing stability, proactive health practices and social engagement all contribute to a study sample that is indeed healthy and

capable of self-care. These three variables work together to produce an outcome that is both personally and socially beneficial. Public policies and practices that support and promote these three variables will support seniors who are better able to care for themselves, will require less in the manner of costly health and social service programs and will encourage senior residents who are still contributing actively to society.



Cutler Bay seniors are highly independent and capable of managing their lives with a minimum of supportive programs. The majority can meet their transportation needs, live in their own housing and can manage that housing, and are socially engaged. While most are on some form of medication, their overall health status is good and they engage in regular health practices.

The risk factors of social isolation, poor health practices and lack of mobility are very low for most senior residents. That said, approximately 10% of the respondents identified important risk factors. It is these seniors that are at higher risk and for whom some form of support is needed. (Table 22—page 36). As the report indicated, most of the respondents are not aware of

health, recreation or transportation programs that are working well in the Town. This should not be interpreted as meaning existing programs are of poor quality. Given the independence of most seniors, and the relatively low use of senior centers, it is reasonable to assume that their awareness of supportive programs would be low.

At this particular point in time, senior services should be highly targeted to prepare the Town and its residents by building trusting relations with the senior residents and seeking strategies and resources to avoid the “Vicious Cycle”, while identifying and connecting the most at-risk persons with available senior services. Now is the time for the Town to develop relationships with senior programs that will help support residents in their own homes as their independence declines over time. Advocacy and education to prepare the Town and its residents will take resources.

The survey gathered information on the following topics required by Communities for a Lifetime:

1. **Housing.** Analyzed the housing stability of seniors currently “aging in place” as well as the housing continuum currently available within the Town.
2. **Transportation and Mobility.** Mobility options that access health care, basic life services and special needs.
3. **Health, Wellness and Safety.** Given the growing recognition of the importance of physical and mental activity to healthy aging, this assessment examined the options available in Cutler Bay which promote these activities. This will include the recreational and cultural facilities. The issue of public safety was addressed via the resident survey.
4. **Recreational/Cultural/Social Opportunities.** In addition to physical and mental activity, opportunities for social interaction are critical to healthy aging in place. The issue here is twofold – the availability of programs through which social interaction can occur naturally, and the presence of programs sensitive to social isolation

5. Volunteerism and Community Involvement. It is important to view seniors as a significant resource for the community from a volunteer perspective. If properly tapped, these persons can contribute significantly and meaningfully to the quality of life in the Town.
6. Analyze how seniors currently receive their information

### **Report #3: Potential gaps in human services currently available to residents.**

#### Recommended strategies for the future:

1. There are pockets of seniors and other vulnerable adults living in ALFs, group homes and apartments that will need further attention; this study interviewed the providers but only a few residents.
2. Identifying transportation resources for these more isolated seniors should be a priority, otherwise a demand for in-home or specialized senior services will arise sooner than necessary.
3. An issue to be analyzed is whether the private & non-profit providers of residential housing are advocates for and responsive to the needs of people aging in place.
4. Initial strategies for the Town might be:
  - a. Continue to build trust and relationships with seniors via intergenerational programs, computer learning & other recreational engagements identified by the survey respondents.
  - b. Outreach to connect with those living in multi-person sites & assess priorities and effective communication vehicles for them.
  - c. Keeping a watch for the quality of those group residential program; aging services are stretched very thin and if there are any problems the Town will probably identify them earlier than AAA or the County. It would be helpful to orient Town staff about elder abuse & neglect so they know how to be observant and where to call for help. Code enforcement or other neighborhood workers can often be the first to notice a home that is being neglected & whose owner needs assistance.
  - d. Review the adequacy of transportation options (bus, jitney and STS) near these residences.
  - e. Schedule more informational sessions about how to “age in place” over the next few years as the Town’s population gets older.
  - f. Make information available to senior resident groups about services available through Miami-Dade County and the Alliance for Aging, including how to prepare for and cope with unexpected accidents and health challenges. (See page 58).
5. Caution: all levels of government have lost significant revenue in recent years, so mutual support opportunities for residents to help their seniors and each other should be considered equally with new funding.

## Conclusion

Active seniors in Cutler Bay can access the full range of services without any significant barriers. While all agencies could effectively use additional resources, there do not appear to be any immediate, urgent service gaps. The one exception is grandparents raising grandchildren, for whom no services exist for them in the local community.

However, few resources specifically directed to its senior population are located in southeastern Miami-Dade County. Both the County and Area Agency on Aging currently target their public funding to low income, older seniors in the Homestead/Florida City/ Naranja/Goulds area. As the Cutler Bay population ages, it will be an important Town strategy to reach out to these traditional aging service organizations to develop both outreach and transportation strategies so that Cutler Bay's seniors can participate in regional resources.

From this small but statistically valid and representative sampling, it appears that the majority of seniors in the community are not active in any structured senior programs. We recommend that this conclusion be further explored. The providers we interviewed each serve very small numbers and there was no specific information available from the providers as to how many of the residents participating in their programs have their own transportation and are able to organize their own activities. A second group are those that are still mobile and independent in their home situation, but since they are living on fixed incomes, may have a limited ability to get around without outside transportation resources.

It is clear from both the resident survey and the provider interviews that residents don't know where to go to find services if they should need them in the future. As would be expected in a small city, information about these agencies comes by word-of-mouth from other residents and the local community newsletters. Building relationships with senior residents is ongoing and a critically important step. Connecting residents to information about available services will be a valuable next step for the Town of Cutler Bay. In the future, other mechanisms to survey older residents on their quality of life will help the Town prepare as its older residents move from active and independent into their 80s when the impact of aging will affect their quality of life.

# **Town of Cutler Bay, Florida**

## **Senior Citizen Surveys and Needs Assessment**

September 2, 2013

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### **Methodology:**

This final report is organized into three major sections.

**Report #1: Emerging elder needs based on population or geographic considerations, including the distribution of services or access to services within the Town of Cutler Bay.** This includes analysis of Census 2010 and American Community Survey data; analysis of data available from the Area Agency on Aging regarding older adults and the services received in the Town of Cutler Bay; analysis of resources available to serve older adult residents of Cutler Bay/southeastern Miami-Dade County; analysis of information, education, referral and linking services for older adults; and analysis of projected growth in senior population at baby boomer, 80+ and 90+ age groups. A further step was a survey of service providers working within the Town of Cutler Bay to project needs and to assess currently available resources for at-risk and frail elders.

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## Impact of Age and Risk Factors on Community Planning and Resources

We understand clearly the issues facing older Americans who wish to age in place. *“Naturally occurring retirement communities”* (NORCs) are a phenomenon facing many communities as the Baby Boom generation ages. The good news is that this generation is generally healthier to an older age than their parents and grandparents. The challenge is that our communities need to assess our resources and community landscape through a different lens to successfully support their healthy aging.

This study utilizes a methodology that highlights five variables as primary risk factors, developed by the Center on Aging at Florida International University utilizing the 2000 census, and updated by the Area Agency on Aging to identify unmet need<sup>1</sup> in 2007. We utilize available information from the 2010 census to map the census tracts in the Town of Cutler Bay and identify three risk factors for older adults -- age, poverty and living alone. This data alone identifies areas of the Town that have targeted needs.

We then compared that new census data to the risk factor variables found in data available from the 2007 AAA study to highlight areas that had gaps in services for older adults with multiple medical and caregiving problems, and those with lower incomes. Utilizing the 2010 census releases of these data points, the Town of Cutler Bay can pinpoint by census tract neighborhoods with vulnerable older adults who may need additional supports from the health care and human service agencies in our County.

The following five variables were identified as primary risk factors that lead older adults to need various forms of assistance.

- Oldest old (85+, 75+)
- Living alone
- Poverty – income below the federal poverty level PLUS
  - Age 65+ with at least one disability
  - Age 75+
- Caregiver stress & burnout
- Multiple medical problems -- Age 65+ with two or more disabilities

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<sup>1</sup> Seff, Laura R., “Projected Unmet Need and Profile of the Elder Populations in Miami-Dade and Monroe Counties”, Alliance for Aging, Inc., December 31, 2007.

## Report #1: Demographic Analysis of Senior Citizens Residing in the Town of Cutler Bay (55+)

This report is organized in the following sections:

**Basic information about the Town as a whole**--This section presents various data perspectives on the Town as a whole, meaning it is not limited to data related to seniors. Its purpose is to provide an environmental context for data about seniors which will be presented later in this report.

**Demographic data about seniors**--This section reports the demographic characteristics of seniors residing in the Town.

**Assets and Protective factors**--This section utilizes available census data that can be interpreted as providing seniors with a variety of protective factors.

**Risk factors**--This section utilizes available census data that can be interpreted as indicating risk for seniors.

### **Basic Information about the Town as a whole** (File: Census General)

This section presents a variety of information about the Town in general. This information is presented because it presents a context in which data about seniors can be placed and describes the community in which seniors reside. Data from the tables are all generated from the American Community Survey (2011) of the US Census.

Table 1 presents basic population data about the number of residents, their gender and their age ranges. The most significant implication of this table is that Cutler Bay is a diverse age community with seniors (65+) comprising only slightly more than 10% of the population. As a whole, Cutler Bay is primarily a family community with approximately 25% of its population being under 18.

Table 2 reports on the ethnicity characteristics of the Town. The Town, by a slight majority, is a Hispanic dominated community. However it should be noted that the Hispanic community itself is very diverse with members from a wide range of countries of origin. Table 3 reports the racial characteristics of the Town which again demonstrate a range of diversity one would expect in South Florida. Table 10 examines the housing (owner vs. renter) characteristics of the Town in which approximately 75% of the residents own their homes. This data is supportive of the view that Cutler Bay is a family-oriented community.

**TABLE 1: General Population Characteristics**

<b>Table 1</b>	<b>General Population Characteristics</b>
<b>Total Population</b>	<b>40,286</b>
Male	19,446
Female	20,840
Under 18	10,382
18 & over	29,904
20 - 24	2,498
25 - 34	5,365
35 - 49	9,948
50 - 64	6,701
65 & over	4,273

**TABLE 2: Ethnicity**

<b>Table 2</b>	<b>Ethnicity</b>
Hispanic or Latino	21,936
Non-Hispanic or Latino	18,350

**TABLE 3: Race**

<b>Table 3</b>	<b>Race</b>
White	31,137
African American	5,725
Asian	916
American Indian and Alaska Native	97
Native Hawaiian and Pacific Islander	28
Other	1,095
Identified by two or more	1,288

**Table 4: Age of Seniors (55+) by Category**

<b>Table 4 : Age of Seniors (55+) by Category</b>	<b>Number</b>	<b>% of 55+</b>
Total population	40,286	
55 to 59 years	2,198	26.78%
60 to 64 years	1,738	21.17%
65 to 69 years	1,318	16.06%
70 to 74 years	1,073	13.07%
75 to 79 years	809	9.86%
80 to 84 years	576	7.02%
85 years and over	497	6.05%
Total 55+	8209	100.00%

**Table 5: Age of Residents Aged 65+ by Category**

<b>Table 5: Age of Seniors 65+ by Category</b>	<b>Number</b>	<b>% of 65+</b>
Total population	40,286	
65 to 69 years	1,318	30.84%
70 to 74 years	1,073	25.11%
75 to 79 years	809	18.93%
80 to 84 years	576	13.48%
85 years and over	497	11.63%
Total 65+	4273	100.00%

**Table 6: Numbers of Senior Males**

<b>Table 6: Numbers of Senior Males</b>	<b>Population</b>	<b>% of 55+</b>	<b>% of 65+</b>
Male population total	19,446		
55 to 59 years	1,027	28.54%	
60 to 64 years	827	22.98%	
65 to 69 years	600	16.68%	34.40%
70 to 74 years	444	12.34%	25.46%
75 to 79 years	323	8.98%	18.52%
80 to 84 years	230	6.39%	13.19%
85 years and over	147	4.09%	8.43%
Total Males 55+	3598		
Total Males 65+	1744		

**Table 7: Number of Males by 62+ and 65+ Age categories**

<b>Table 7 : Number of Males by 62+ and 65+ Age categories</b>	<b>Number</b>	<b>%of total males at or above</b>
62 years and over	2,202	5.5
65 years and over	1,744	4.3

**Table 8: Number of senior females**

<b>Table 8: Number of senior females</b>	<b>Population</b>	<b>% of 55+</b>	<b>% of 65+</b>
Female population - Total all ages	20,840		
55 to 59 years	1,171	25.40%	
60 to 64 years	911	19.76%	
65 to 69 years	718	15.57%	28.39%
70 to 74 years	629	13.64%	24.87%
75 to 79 years	486	10.54%	19.22%
80 to 84 years	346	7.50%	13.68%
85 years and over	350	7.59%	13.84%
Total 55+	4611		
Total 65+	2529		

**Table 9: Number of Females 62+ and 65+ as % of Total Females**

<b>Table 9: Number of Females 62+ and 65+ as % of Total Females</b>	<b>Number</b>	<b>% at or above</b>
62 years and over	3,044	7.6
65 years and over	2,529	6.3

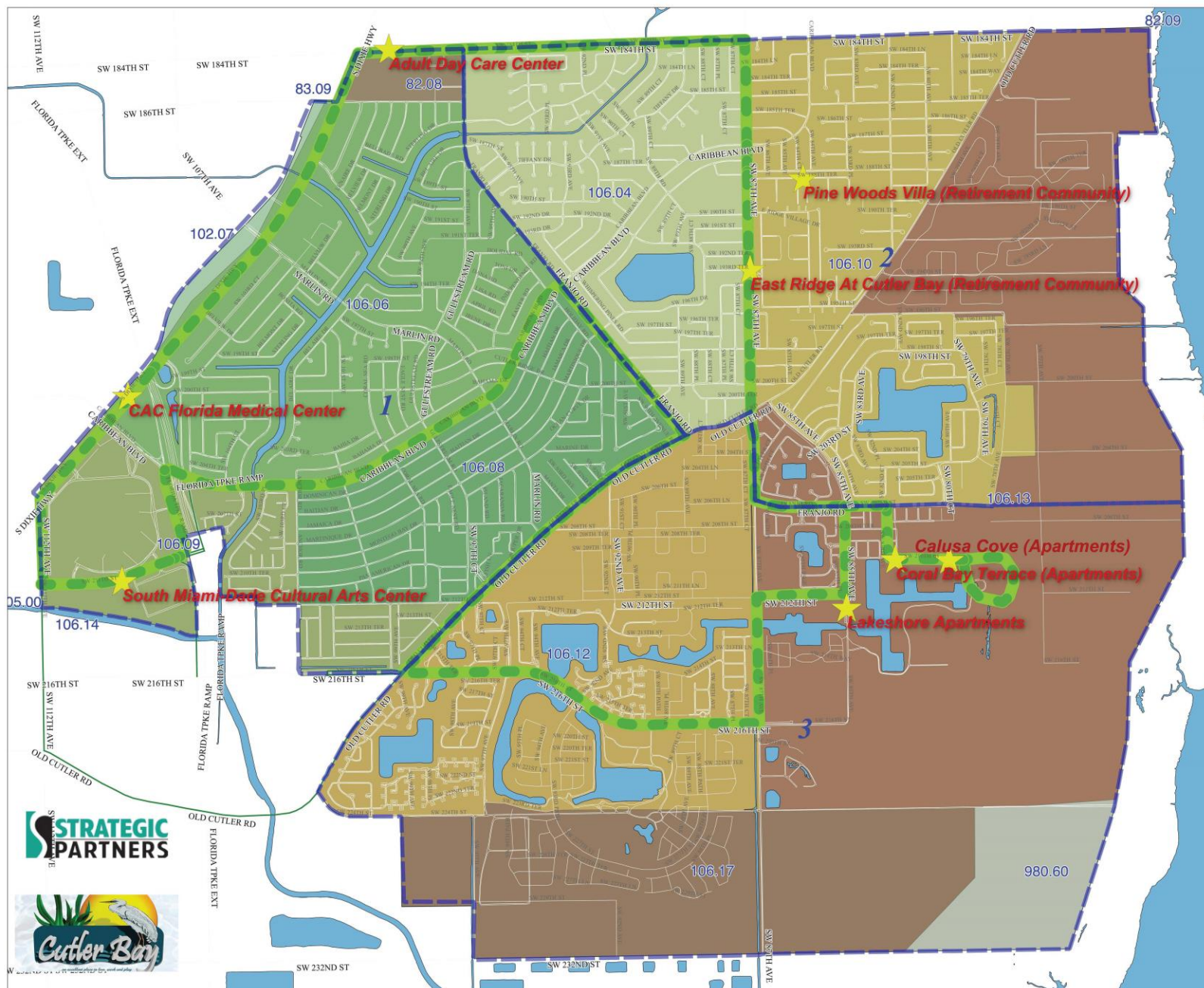
### **Where Do They Reside?**

**Table 10: Housing Information**

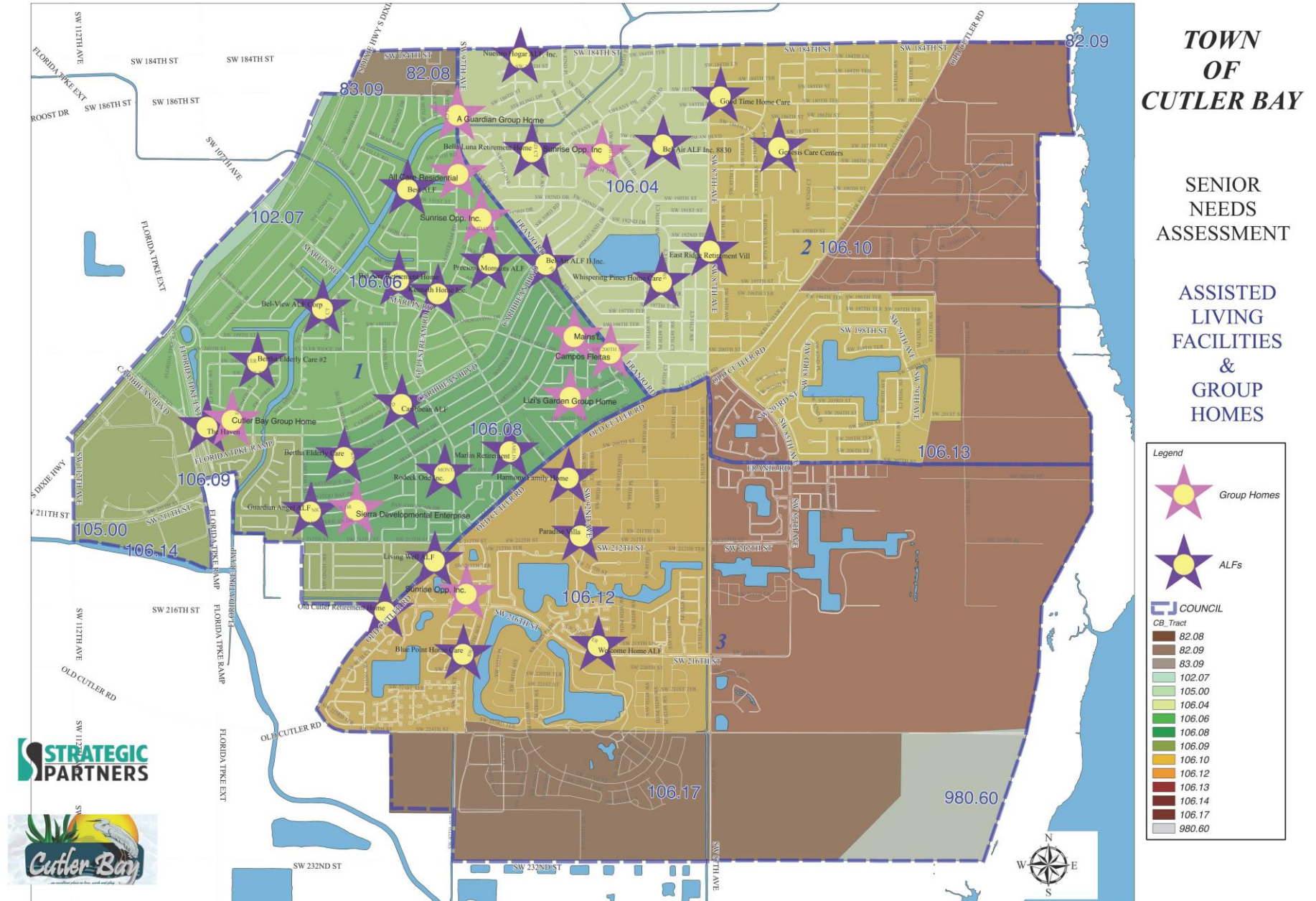
<b>Table 10</b>	<b># of Housing Units</b>
Total	14,620
Occupied	13,338
Owner-occupied	9,705
Population in owner-occupied ( number of individuals )	29,567
Renter-occupied	3,633
Population in renter-occupied ( number of individuals )	10,381
Households with individuals under 18	5,838
Vacant	1,282

**Map 1: Town of Cutler Bay providers**—Census data is captured by census tract. This map will help the reader to identify the geographic areas covered by each census tract in Cutler Bay. It highlights destinations relevant to senior residents.

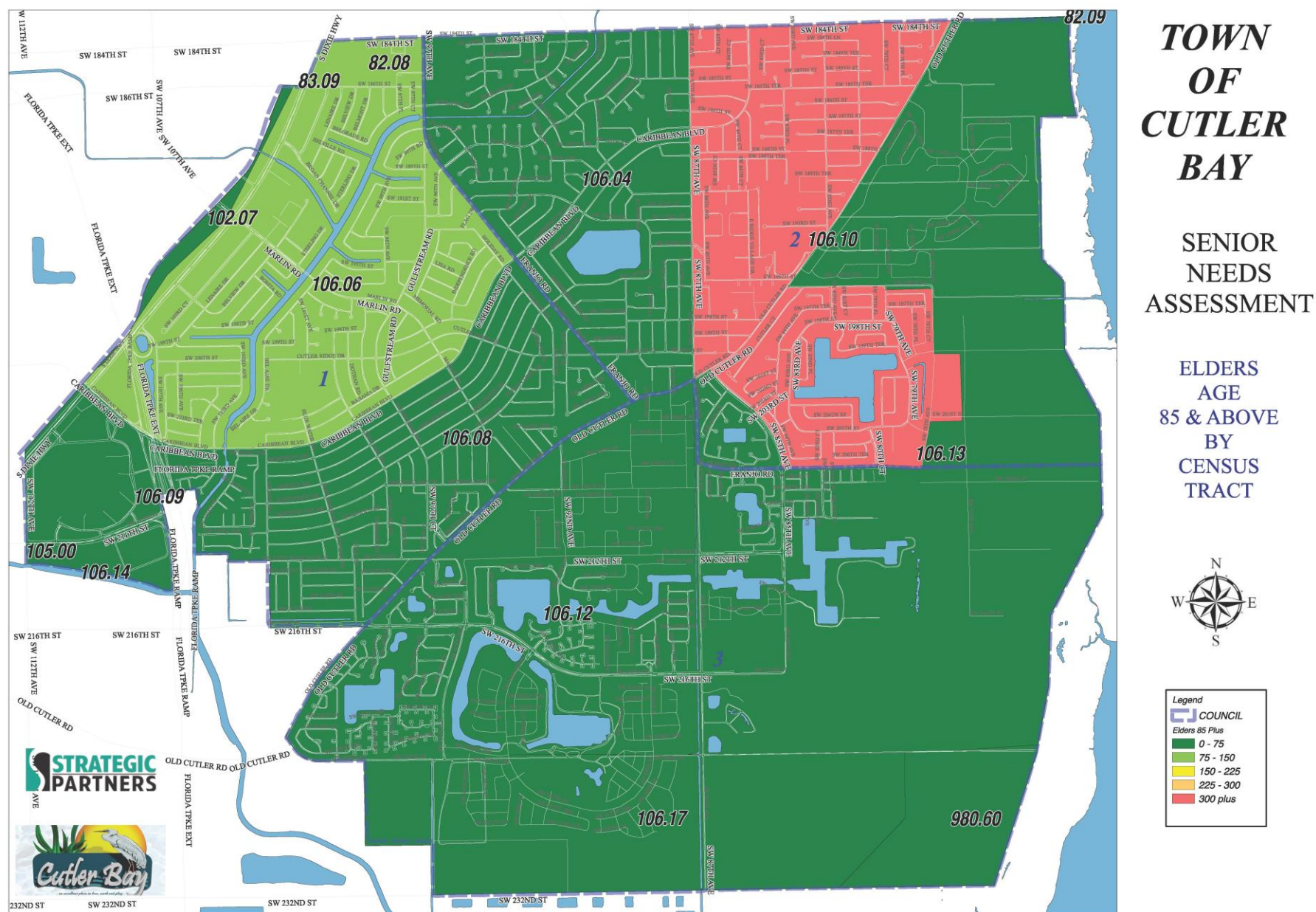
## LOCAL PROVIDERS



Map 2: Where do vulnerable residents live in group settings?



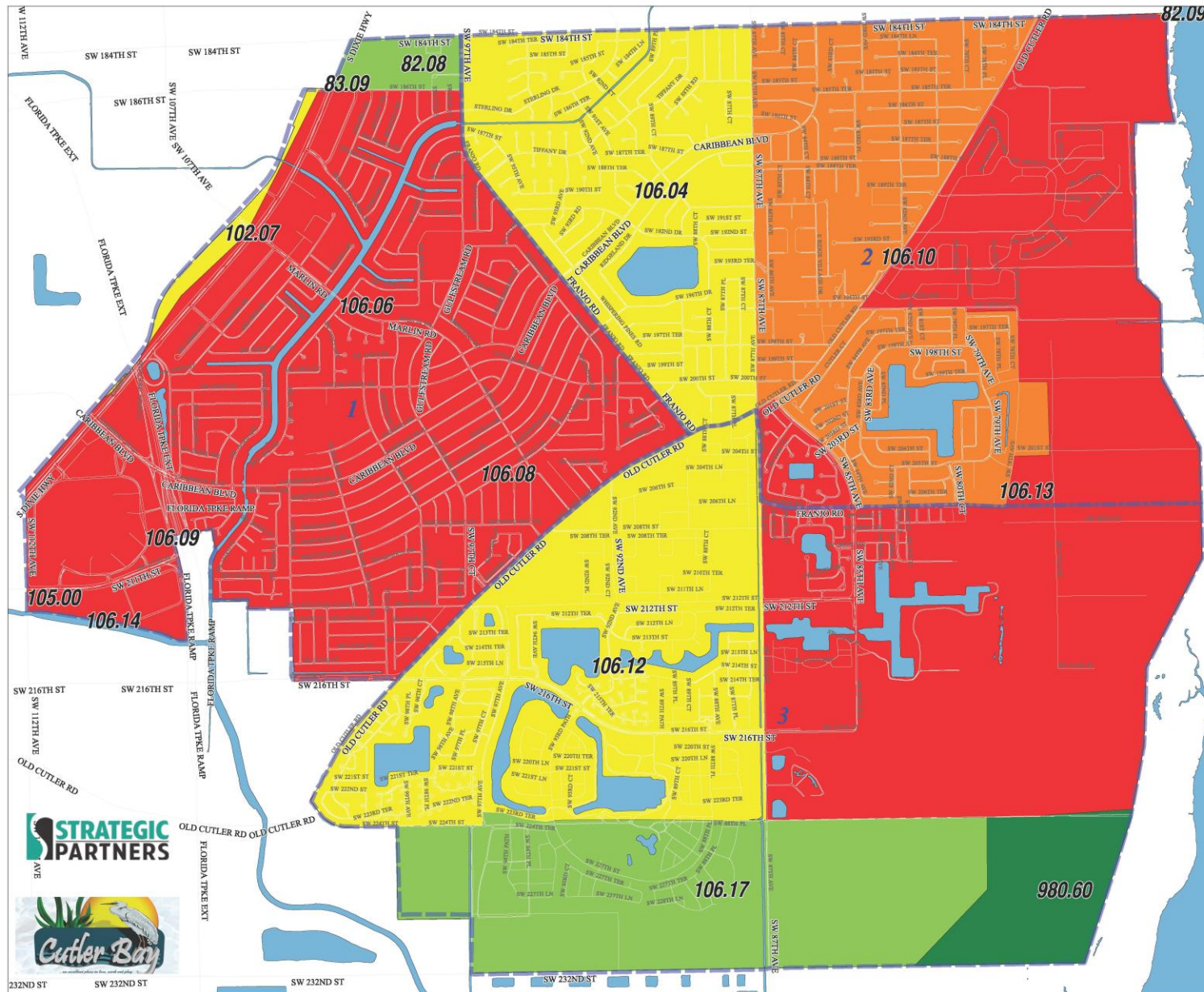
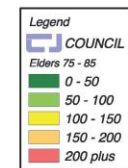
### Maps 3, 4 and 5: Where do the oldest seniors live?



# TOWN OF CUTLER BAY

## SENIOR NEEDS ASSESSMENT

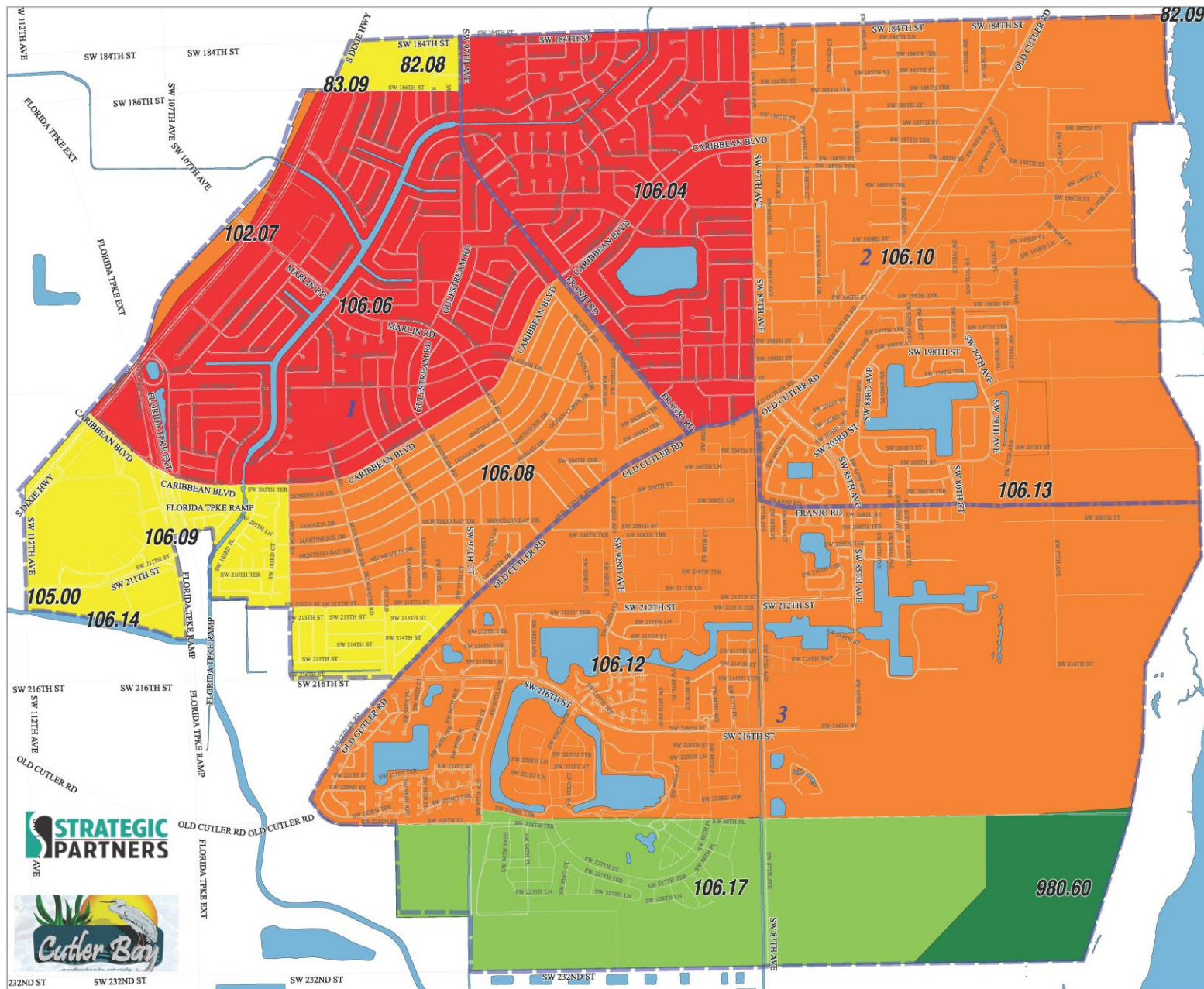
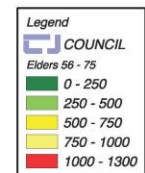
ELDERS  
AGE  
75-85  
BY  
CENSUS  
TRACT



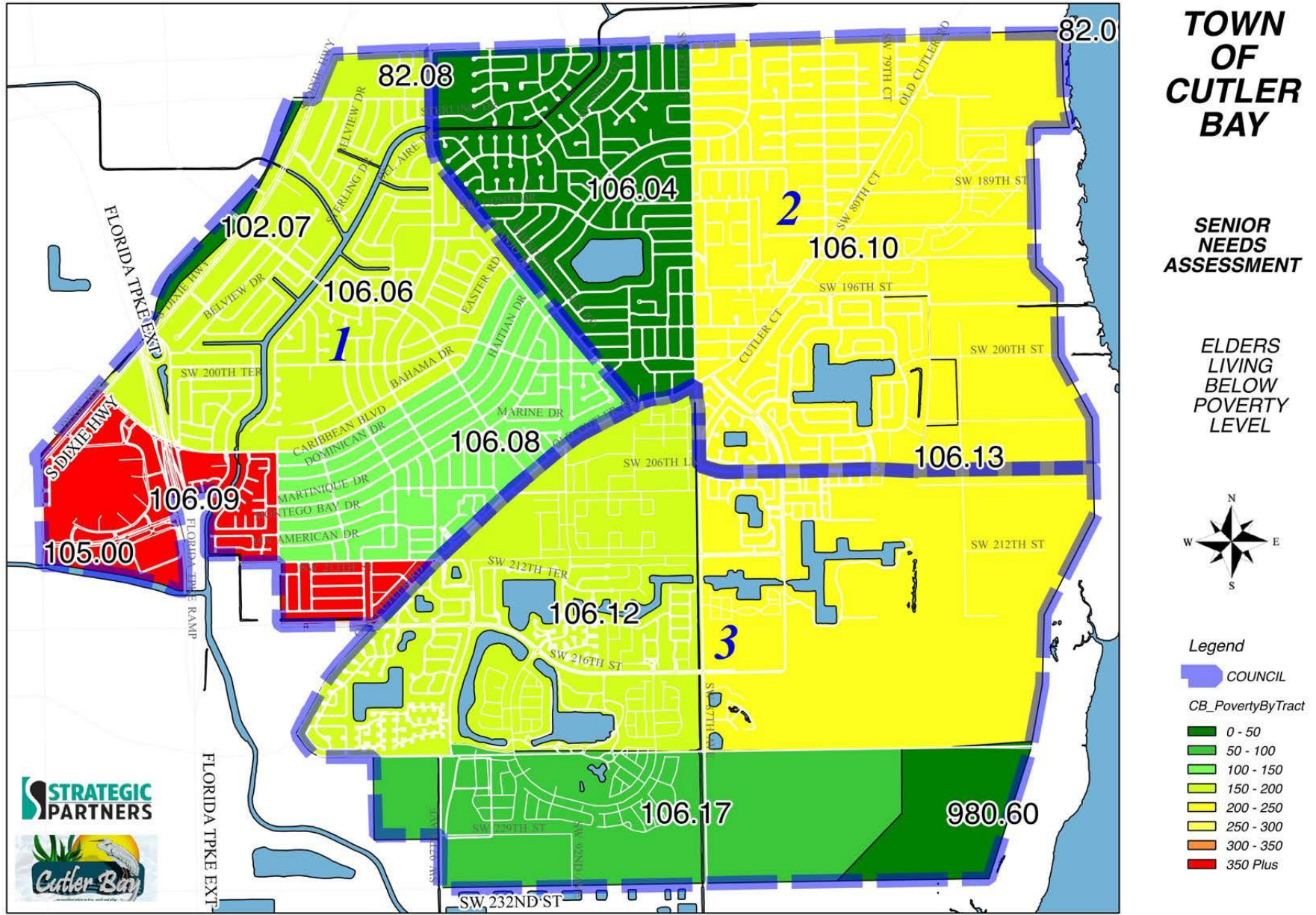
# TOWN OF CUTLER BAY

SENIOR  
NEEDS  
ASSESSMENT

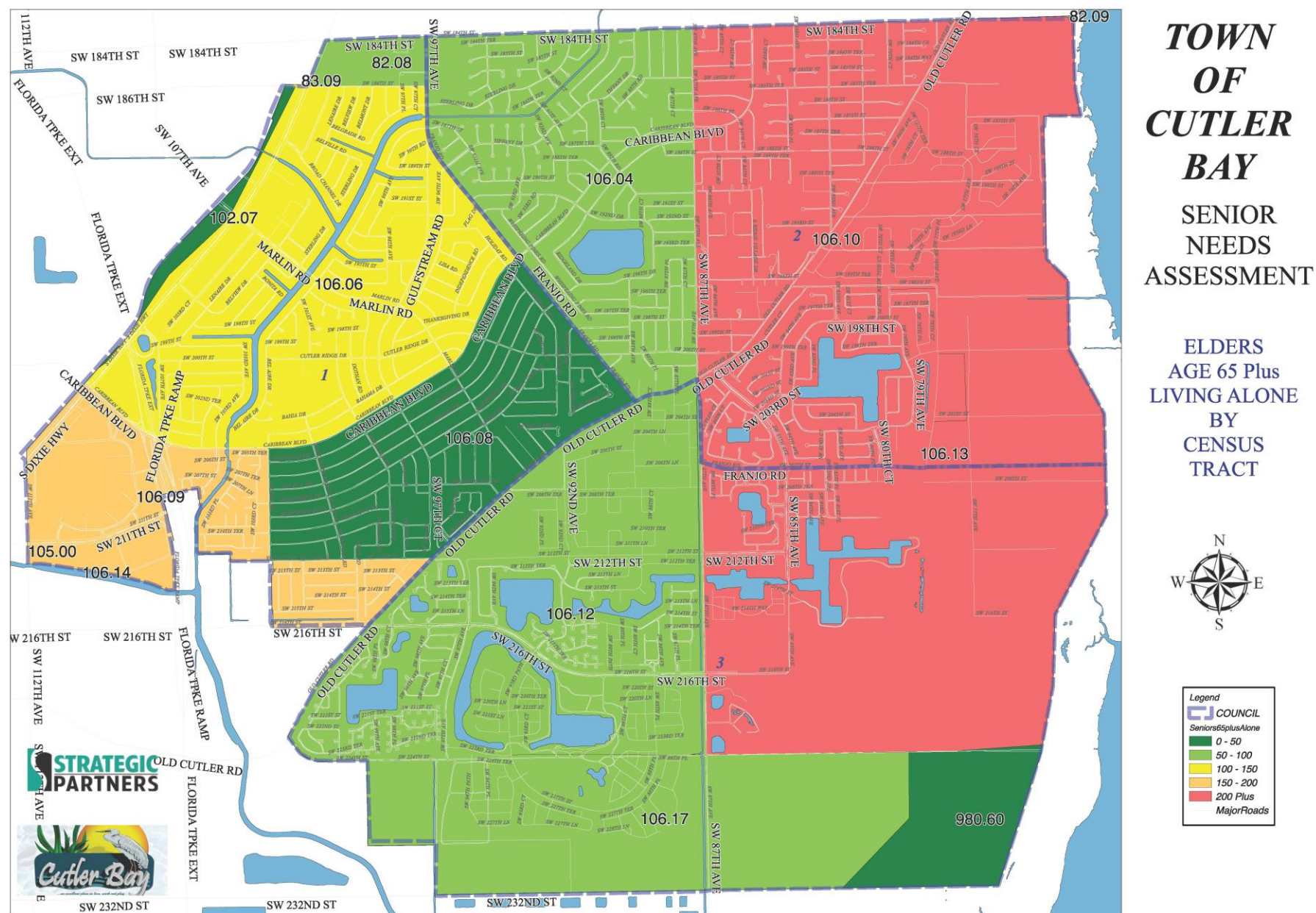
ELDERS  
AGE  
56-75  
BY  
CENSUS  
TRACT



Map 6: Where do the poorest seniors live?



### Map 7: Where do seniors live alone in non-family households?



## **Senior Resident Data by Census Tract**

The following tables present a variety of senior specific data by census tract. The difficulty of utilizing census tract data is that it not always coterminous with municipal boundaries. However it does provide a more granular view of the data. The use of census tracts as an analytical layer is legitimate as long as generalizations are appropriately limited and as long as local knowledge is applied as a test of the data.

Table 11 presents age and gender data by the census tracts that exist within the Town. As the table indicates seniors are distributed fairly equally across the Town with the exception of males and females age 75 + being somewhat more concentrated in census tract 106.10 and females in census tracts 106.06 and 106.13. Census tracts with a significant population of very old residents are highlighted in yellow. Map 1 provides a map of the Town by census tracts.

Tables 12, 13, and 14 present data by race, age and sex by census tract. Table 12 presents data for Whites including Hispanic persons, table 13 presents data for African-Americans and Table 14 presents data for Whites, non-Hispanic. .

**TABLE 11: Age and Sex by Census Tract**

Census Tract		Total population	60 to 64 years	65 to 69 years	70 to 74 years	75 to 79 years	80 to 84 years	85 years and over	60 years and over	62 years and over	65 years and over	75 years and over
Census Tract 106.04	Total	4,912	4.0%	6.0%	2.2%	1.6%	1.0%	1.1%	16.0%	14.3%	12.0%	3.7%
	Male	2,332	3.4%	6.5%	2.9%	1.1%	0.7%	0.9%	15.5%	13.2%	12.0%	2.7%
	Female	2,580	4.6%	5.7%	1.6%	2.1%	1.2%	1.4%	16.5%	15.3%	11.9%	4.7%
Census Tract 106.06	Total	6,901	3.0%	6.9%	1.5%	1.9%	1.9%	1.5%	16.8%	15.3%	13.7%	5.3%
	Male	3,592	3.5%	2.9%	1.3%	1.0%	1.3%	0.6%	10.6%	9.3%	7.1%	2.9%
	Female	3,309	2.5%	11.3%	1.7%	2.9%	2.5%	2.5%	23.5%	21.8%	20.9%	7.9%
Census Tract 106.08	Total	5,711	6.6%	1.8%	2.7%	2.2%	1.8%	1.3%	16.3%	12.2%	9.8%	5.2%
	Male	2,888	6.8%	2.8%	1.4%	2.5%	0.0%	1.2%	14.6%	11.4%	7.8%	3.7%
	Female	2,823	6.4%	0.8%	4.1%	1.8%	3.6%	1.3%	18.1%	13.0%	11.7%	6.8%
Census Tract 106.09	Total	4,286	5.7%	3.1%	2.4%	2.4%	2.5%	1.2%	17.3%	15.4%	11.6%	6.1%
	Male	2,032	3.9%	1.8%	2.2%	3.1%	4.0%	1.4%	16.4%	14.1%	12.5%	8.5%
	Female	2,254	7.3%	4.3%	2.6%	1.9%	1.1%	1.0%	18.1%	16.5%	10.8%	4.0%
Census Tract 106.10	Total	4,447	3.1%	3.2%	9.0%	2.5%	1.0%	8.7%	27.5%	25.5%	24.4%	12.2%
	Male	2,121	4.4%	2.7%	7.6%	2.5%	1.7%	6.9%	25.8%	22.7%	21.4%	11.0%
	Female	2,326	1.9%	3.6%	10.3%	2.5%	0.4%	10.3%	29.1%	28.1%	27.1%	13.2%
Census Tract 106.12	Total	9,365	3.9%	1.5%	1.5%	1.2%	0.2%	0.0%	8.2%	6.4%	4.3%	1.4%
	Male	4,395	4.1%	1.7%	1.8%	0.5%	0.0%	0.0%	8.1%	5.7%	4.0%	0.5%
	Female	4,970	3.7%	1.2%	1.2%	1.8%	0.3%	0.0%	8.3%	6.9%	4.6%	2.1%
Census Tract 106.13	Total	4,552	5.9%	4.1%	3.3%	3.0%	1.4%	0.8%	18.5%	16.0%	12.6%	5.2%
	Male	2,197	4.7%	3.6%	1.4%	3.4%	0.0%	0.0%	13.0%	11.3%	8.3%	3.4%
	Female	2,355	7.0%	4.6%	5.1%	2.7%	2.8%	1.5%	23.5%	20.4%	16.6%	6.9%
Census Tract 106.17	Total	3,950	2.4%	0.9%	0.8%	1.3%	0.3%	0.0%	5.6%	5.2%	3.2%	1.6%
	Male	1,962	2.7%	0.0%	0.0%	0.3%	0.5%	0.0%	3.5%	2.8%	0.8%	0.8%
	Female	1,988	2.0%	1.7%	1.5%	2.4%	0.0%	0.0%	7.6%	7.6%	5.6%	2.4%

**TABLE 12: White Residents (including Hispanics) by Sex and Age**

<b>Table 12: WHITE RESIDENTS BY SEX BY AGE (WHITE including Hispanic)</b>	<b>Total:</b>	<b>Male:</b>	<b>55 to 64 years</b>	<b>65 to 74 years</b>	<b>75 to 84 years</b>	<b>85 years and over</b>	<b>Female:</b>	<b>55 to 64 years</b>	<b>65 to 74 years</b>	<b>75 to 84 years</b>	<b>85 years and over</b>
Census Tract 106.04, Miami-Dade County, Florida	4,282	2,085	290	211	34	21	2,197	252	172	49	21
Census Tract 106.06, Miami-Dade County, Florida	5,733	2,886	258	150	77	20	2,847	198	380	143	83
Census Tract 106.08, Miami-Dade County, Florida	4,162	2,023	267	96	71	35	2,139	245	113	153	10
Census Tract 106.09, Miami-Dade County, Florida	2,556	1,087	95	21	144	28	1,469	142	81	68	22
Census Tract 106.10, Miami-Dade County, Florida	3,376	1,489	176	169	71	110	1,887	116	241	59	205
Census Tract 106.12, Miami-Dade County, Florida	6,563	2,969	150	102	1	0	3,594	254	122	35	0
Census Tract 106.13, Miami-Dade County, Florida	3,380	1,600	174	108	61	0	1,780	218	214	128	35
Census Tract 106.17, Miami-Dade County, Florida	3,050	1,571	91	0	10	0	1,479	54	64	21	0

**TABLE 13: Black Residents by Sex and Age**

<b>Table 13: BLACK RESIDENTS BY SEX BY AGE (BLACK)</b>	<b>Total:</b>	<b>Male:</b>	<b>55 to 64 years</b>	<b>65 to 74 years</b>	<b>75 to 84 years</b>	<b>85 years and over</b>	<b>Female:</b>	<b>55 to 64 years</b>	<b>65 to 74 years</b>	<b>75 to 84 years</b>	<b>85 years and over</b>
Census Tract 106.04, Miami-Dade County, Florida	395	144	19	0	0	0	251	29	7	31	14
Census Tract 106.06, Miami-Dade County, Florida	681	415	76	0	1	0	266	23	44	36	1
Census Tract 106.08, Miami-Dade County, Florida	1,036	580	42	24	0	0	456	45	27	0	0
Census Tract 106.09, Miami-Dade County, Florida	1,493	837	158	45	0	0	656	58	73	0	0
Census Tract 106.10, Miami-Dade County, Florida	467	318	4	51	17	0	149	9	48	9	0
Census Tract 106.12, Miami-Dade County, Florida	1,786	998	18	52	22	0	788	97	1	70	0
Census Tract 106.13, Miami-Dade County, Florida	593	240	56	0	0	0	353	34	0	0	0
Census Tract 106.17, Miami-Dade County, Florida	754	357	43	0	0	0	397	11	0	8	0

**Table 14: White residents alone by sex by age (white alone, not Hispanic or Latino)**

<b>Table 14: WHITE RESIDENTS ALONE BY SEX BY AGE (WHITE ALONE, NOT HISPANIC OR LATINO)</b>	<b>Total:</b>	<b>Male:</b>	<b>55 to 64 years</b>	<b>65 to 74 years</b>	<b>75 to 84 years</b>	<b>85 years and over</b>	<b>Female:</b>	<b>55 to 64 years</b>	<b>65 to 74 years</b>	<b>75 to 84 years</b>	<b>85 years and over</b>
Census Tract 106.04, Miami-Dade County, Florida	2,709	1,290	226	187	23	21	1,419	188	163	48	0
Census Tract 106.06, Miami-Dade County, Florida	2,281	1,053	175	40	71	20	1,228	151	73	113	34
Census Tract 106.08, Miami-Dade County, Florida		845	141	57	19	11	909	203	24	59	10
Census Tract 106.09, Miami-Dade County, Florida	411	201	8	0	31	0	210	9	14	0	0
Census Tract 106.10, Miami-Dade County, Florida	1,479	720	131	107	42	45	759	95	58	39	180
Census Tract 106.12, Miami-Dade County, Florida	2,870	1,302	101	62	0	0	1,568	108	62	0	0
Census Tract 106.13, Miami-Dade County, Florida	731	354	138	10	0	0	377	107	0	31	10
Census Tract 106.17, Miami-Dade County, Florida	601	328	21	0	0	0	273	1	0	0	0

## **Examining the Census Data for Assets and Protective Factors**

The following tables utilize census data to draw implications about the resiliency characteristics of seniors in the community. One must be careful in these interpretations as the census data was not designed to specifically measure resiliency or protective factors and therefore exists at a level of generality which a resiliency study would not. However, several resiliency factors are well established and these can be implied from the census data.

Table 15 presents data on the educational attainment level of seniors. In general higher levels of education are seen as a life asset and as contributing positively to resiliency. As table 15 indicates, there is significant variation in senior educational attainment by census tract. Tracts 106.12, 106.04 and 106.10 have high levels of college attainment (approximately 30%) for persons 65+. Tracts 106.09, 106.06 and 106.17 are at the other extreme, with 8% or less of seniors having a college degree. As will be found for most of this data, the information by census tract indicates significant protective factors are present in some cases and not so in others. For the majority of Cutler Bay seniors, high educational levels are an asset they possess. For a substantive minority (1,446 at the lowest ends), a lack of a college degree may lead to some higher risk. It is in tract 106.09 where seniors are at greatest risk because both college and high school graduation rates are the lowest.

Table 16 presents data on residential mobility. In general, the greater the stability (lack of residential mobility) among residents, the greater the likelihood that residents know each other, have formed some sort of support network and reside in stable neighborhoods. There are multiple individual exceptions to these factors of course but all other factors being equal residential stability is a protective factor. As table 16 indicates there is a high level of residential stability among seniors.

Social interaction is a protective factor with social isolation the opposing risk factor. Table 17 examines a proxy for social interaction, living alone. This data must be interpreted in a highly restricted framework. Many people who live alone have an extensive social network, while some who live with others may be withdrawn. However it can be fairly stated that living alone entails a higher risk for social isolation, while living with others encourages social interaction. As table 17 shows, in five of the eight census tracts, a clear majority of seniors live with someone else. In two of the tracts, the ratio nears 50/50. Only in one tract, 106.13, do seniors live alone at a much higher rate than with someone else (indicating the likelihood of a senior housing facility). While certainly there are a sufficient number of seniors living alone to warrant further attention, seniors as a whole in the Town are not socially isolated.

**TABLE 15: Educational Attainment**

<b>Table 15: EDUCATIONAL ATTAINMENT</b>	<b>Census Tract 106.04</b>	<b>Census Tract 106.06</b>	<b>Census Tract 106.08</b>	<b>Census Tract 106.09</b>	<b>Census Tract 106.10</b>	<b>Census Tract 106.12</b>	<b>Census Tract 106.13</b>	<b>Census Tract 106.17</b>
	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
Population 45 to 64 years	1,351	1,643	1,140	1,090	1,047	1,762	1,156	568
High school graduate or higher	95.6%	90.7%	87.5%	70.7%	91.9%	91.9%	92.6%	89.4%
Bachelor's degree or higher	39.6%	27.5%	17.1%	12.1%	30.6%	30.1%	37.7%	41.2%
Population 65 years and over	589	948	557	498	1,085	405	573	127
High school graduate or higher	82.2%	78.2%	55.7%	50.6%	74.7%	77.0%	55.3%	66.9%
Bachelor's degree or higher	31.6%	4.6%	12.0%	1.2%	29.5%	32.8%	15.2%	7.9%

**TABLE 16: Mobility Within a One Year Timeframe**

<b>Table 16: Mobility within a one year time frame</b>	<b>Census Tract 106.04</b>	<b>Census Tract 106.06</b>	<b>Census Tract 106.08</b>	<b>Census Tract 106.09</b>	<b>Census Tract 106.10</b>	<b>Census Tract 106.12</b>	<b>Census Tract 106.13</b>	<b>Census Tract 106.17</b>
Total:	4,869	6,800	5,634	4,253	4,447	9,206	4,518	3,868
55 to 59 years	424	366	244	224	246	217	215	106
60 to 64 years	198	210	376	245	139	365	267	93
65 to 69 years	297	478	104	133	142	138	186	34
70 to 74 years	108	102	156	103	402	139	149	30
75 years and over	184	368	297	262	541	128	238	63
Same house 1 year ago:								
55 to 59 years	415	339	206	203	246	214	215	63
60 to 64 years	198	210	331	183	137	365	267	83
65 to 69 years	290	444	63	133	140	138	186	34
70 to 74 years	108	100	156	103	353	139	149	30
75 years and over	168	366	290	217	517	127	203	44

<b>Table 16: Mobility within a one year time frame</b>	<b>Census Tract 106.04</b>	<b>Census Tract 106.06</b>	<b>Census Tract 106.08</b>	<b>Census Tract 106.09</b>	<b>Census Tract 106.10</b>	<b>Census Tract 106.12</b>	<b>Census Tract 106.13</b>	<b>Census Tract 106.17</b>
Moved within same county:								
55 to 59 years	0	27	38	21	0	3	0	29
60 to 64 years	0	0	45	62	2	0	0	10
65 to 69 years	7	34	41	0	0	0	0	0
70 to 74 years	0	2	0	0	47	0	0	0
75 years and over	16	2	7	45	24	1	35	6
Moved from different county within same state:								
55 to 59 years	0	0	0	0	0	0	0	0
60 to 64 years	0	0	0	0	0	0	0	0
65 to 69 years	0	0	0	0	2	0	0	0
70 to 74 years	0	0	0	0	2	0	0	0
75 years and over	0	0	0	0	0	0	0	0
Moved from different state:								
55 to 59 years	0	0	0	0	0	0	0	0
60 to 64 years	0	0	0	0	0	0	0	0
65 to 69 years	0	0	0	0	0	0	0	0
70 to 74 years	0	0	0	0	0	0	0	0
75 years and over	0	0	0	0	0	0	0	0
Moved from abroad:								
55 to 59 years	9	0	0	0	0	0	0	14
60 to 64 years	0	0	0	0	0	0	0	0
65 to 69 years	0	0	0	0	0	0	0	0
70 to 74 years	0	0	0	0	0	0	0	0
75 years and over	0	0	0	0	0	0	0	13

**TABLE 17: Proxy for Social Interaction: Households with a Person 65 Year or Over**

<b>Table 17: Proxy for Social Interaction: Households with a person 65 or over in them</b>	<b>Census Tract 106.04, Miami-Dade County, Florida</b>	<b>Census Tract 106.06, Miami-Dade County, Florida</b>	<b>Census Tract 106.08, Miami-Dade County, Florida</b>	<b>Census Tract 106.09, Miami-Dade County, Florida</b>	<b>Census Tract 106.10, Miami-Dade County, Florida</b>	<b>Census Tract 106.12, Miami-Dade County, Florida</b>	<b>Census Tract 106.13, Miami-Dade County, Florida</b>	<b>Census Tract 106.17, Miami-Dade County, Florida</b>
Total:	1,597	1,941	1,521	1,798	1,439	2,760	1,778	1,296
Households with one or more people 65 years and over:	374	687	341	398	706	313	438	111
1-person household	79	143	46	186	292	66	284	52
2-or-more-person household:	295	544	295	212	414	247	154	59
Family households	277	472	283	188	370	227	154	59
Nonfamily households	18	72	12	24	44	20	0	0

## **Identifying Risk Factors for Seniors**

The same qualifications must be applied to interpreting census tables for risk factors that were applied with respect to protective factors. And as with the protective factors tables, the tables in this section provide data that can be interpreted with respect to both assets and risks.

Table 18 indicates that the vast majority of seniors live with someone else. However there are substantive numbers of seniors living alone, particularly in tracts 106.06, 106.09, 106.10 and 106.13. To the degree this is an artifact of some congregate housing facility cannot be determined from the census data. However, it does indicate that there are a sufficient number of seniors living alone to warrant attention.

Table 19 examines the proportion of seniors raising their grandchildren. While such a relationship is often rewarding and of great value to all persons involved, it is still stressful. While few would terminate such relationships, they still can be legitimately viewed as a risk factor.

The interpretation of table 19 must be carefully approached. First, not all grandparents are 55+ so some of these persons would not be the subject of this analysis. Second, it is evident from the data that many of these persons live in multi-generational households where the grandparent may have little responsibility for child rearing. With those qualifications, there are a number of grandparents who are raising their grandchildren. As the table indicates, the proportion responsible for their grandchildren varies greatly by census tract. While the numbers themselves are not particularly high, the proportions in tracts 106.09 and 106.13 are high (100% in tract 106.09; 50% in tract 106.13). This creates some risk conditions for concentrated groups.

Table 20 reports a more direct risk indicator, poverty. The findings in this table are some of the most distinctive in the analysis. In census tracts 106.09, 106.10, 106.13 and 106.17 poverty rates for seniors range from nearly 25% of the seniors in tract 106.10 living in poverty to over 42% in tract 106.09. At the other extreme of this scale only 2.2% of seniors in tract 106.04 live in poverty. It is poverty rates which differentiate seniors in Cutler Bay.

Table 21 provides another way to discern social isolation, marital status. Again, this is not a direct measure and so interpretation must be cautious. Marriage is not a guarantee of protective factor status and being single is not automatically a risk factor. However in general marriage is a protective factor. As table 21 indicates there are census tracts with a high proportion of single seniors, most of whom are women. In tracts 106.06, 106.09 and 106.17 a very low proportion of women are married compared to the Town as a whole. Interestingly, in tract 106.09, a very low proportion of senior men are married, indicating the presence of some housing facility.

**TABLE 18: Proxy for Social Isolation: Relationships by Household Type for Persons Ages 65+**

<b>Table 18: Proxy for social isolation: Relationship by Household Type for persons 65+</b>	<b>Census Tract 106.04</b>	<b>Census Tract 106.06</b>	<b>Census Tract 106.08</b>	<b>Census Tract 106.09</b>	<b>Census Tract 106.10</b>	<b>Census Tract 106.12</b>	<b>Census Tract 106.13</b>	<b>Census Tract 106.17</b>
Total:	589	948	557	498	1,085	405	573	127
In households:	580	937	550	498	967	403	573	127
In family households:	467	705	492	288	596	320	289	75
Householder:	172	203	172	131	308	150	122	22
Male	139	95	109	38	243	118	110	0
Female	33	108	63	93	65	32	12	22
Spouse	157	124	76	34	204	81	73	0
Parent	72	257	157	88	43	28	65	26
Other relatives	66	94	46	35	41	61	29	27
Nonrelatives	0	27	41	0	0	0	0	0
In nonfamily households:	113	232	58	210	371	83	284	52
Householder:	88	165	58	210	336	66	284	52
Male:	48	58	30	123	101	0	12	10
Living alone	39	58	18	123	65	0	12	10
Not living alone	9	0	12	0	36	0	0	0
Female:	40	107	28	87	235	66	272	42
Living alone	40	85	28	63	227	66	272	42
Not living alone	0	22	0	24	8	0	0	0
Nonrelatives	25	67	0	0	35	17	0	0
In group quarters	9	11	7	0	118	2	0	0

**TABLE 19: Grandparents Responsible for Grandchildren**

GRANDPARENTS responsible for Grandchildren	Census Tract															
	106.04	%	106.06	%	106.08	%	106.09	%	106.10	%	106.12	%	106.13	%	106.17	%
# of grandparents living with own grandchildren under 18 years	170	170	325	325	344	344	17	17	102	102	125	125	62	62	82	82
Responsible for grandchildren	27	15.9%	22	6.8%	21	6.1%	17	100.0%	18	17.6%	8	6.4%	31	50%	0	0.0%
Years responsible for grandchildren																
Less than 1 year	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	6.4%	16	25.8%	0	0.0%
1 or 2 years	10	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
3 or 4 years	0	0.0%	0	0.0%	0	0.0%	17	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5 or more years	17	10.0%	22	6.8%	21	6.1%	0	0.0%	18	17.6%	0	0.0%	15	24.2%	0	0.0%
# of grandparents <u>responsible</u> for own grandchildren under 18 years	27	27	22	22	21	21	17	17	18	18	8	8	31	31	0	0
Who are female	18	66.7%	11	50.0%	21	10%	17	100.0%	9	50.0%	8	100.0%	15	48.4%	0	-
Who are married	17	63.0%	22	100.0%	0	0.0%	17	100.0%	18	100.0%	8	100.0%	31	100.0%	0	-

**TABLE 20: Poverty Status**

<b>Table 20: Poverty Status</b>		<b>Total Population for whom poverty status is determined</b>	<b>65 years and over</b>
Census Tract 106.04, Miami-Dade County, Florida	Total	4,855	580
	Below poverty level	356	13
	Percent below poverty level	7.3%	2.2%
Census Tract 106.06, Miami-Dade County, Florida	Total	6,826	939
	Below poverty level	589	98
	Percent below poverty level	8.6%	10.4%
Census Tract 106.08, Miami-Dade County, Florida	Total	5,606	550
	Below poverty level	780	65
	Percent below poverty level	13.9%	11.8%
Census Tract 106.09, Miami-Dade County, Florida	Total	4,285	498
	Below poverty level	1,133	210
	Percent below poverty level	26.4%	42.2%
Census Tract 106.10, Miami-Dade County, Florida	Total	4,301	967
	Below poverty level	356	240
	Percent below poverty level	8.3%	24.8%
Census Tract 106.12, Miami-Dade County, Florida	Total	9,347	403
	Below poverty level	768	18
	Percent below poverty level	8.2%	4.5%
Census Tract 106.13, Miami-Dade County, Florida	Total	4,552	573
	Below poverty level	656	173
	Percent below poverty level	14.4%	30.2%
Census Tract 106.17, Miami-Dade County, Florida	Total	3,950	127
	Below poverty level	411	52
	Percent below poverty level	10.4%	40.9%

**TABLE 21: Marital Status**

<b>Table 21: MARITAL STATUS</b>	<b>Census Tract</b>							
<b>Married</b>	<b>106.04</b>	<b>106.06</b>	<b>106.08</b>	<b>106.09</b>	<b>106.10</b>	<b>106.12</b>	<b>106.13</b>	<b>106.17</b>
Total Population	55.5%	45.3%	41.1%	33.7%	51.1%	50.8%	45.7%	43.2%
Males								
55 to 64 years	54.8%	68.5%	49.5%	11.9%	35.7%	86.1%	100.0%	89.6%
65 years and over	76.2%	60.8%	42.9%	28.0%	64.5%	91.0%	53.0%	0.0%
Females								
55 to 64 years	54.9%	66.1%	53.7%	16.2%	52.6%	59.8%	59.1%	18.5%
65 years and over	44.2%	16.0%	25.7%	20.9%	32.2%	36.8%	28.7%	19.8%

## Summary

In general, seniors in Cutler Bay live in a family-oriented community and it is reasonable to assume that a good proportion of these residents have family living nearby or that they live with family. While there are certainly individuals and some census tract pockets where social isolation and poverty exist, it is not the general characteristic of seniors living in Cutler Bay. This is not to deny there are needs or issues warranting further attention but it is to say that Cutler Bay represents an overall good place for seniors to live as well as the other residents.

The significant topics that warrant consideration in the future are summarized in table 22. In this table those census tracts that are outliers are identified. It is important to note that these tracts are outliers only in the context of Cutler Bay. If compared to other communities, their outlier status could well not exist.

As is evident from table 22, seniors who reside in census tracts 106.09 face by far the highest risk factors. Tracts 106.13 and 106.17 also face comparatively higher risk factors. Seniors who reside in tracts 106.04, 106.08 and 106.12 on the other hand live with the greatest protective factors.

**TABLE 22: Level of Risk of Senior Residents by Census Tract**

*Cells highlighted in yellow identify areas where the senior residents living in each census tract have high risk factors.*

<b>Table 22: Summary Table</b>	<b>Shaded Census Tracts represent higher levels for the variables. Variables were scaled so that the higher the variable the greater the risk factor.</b>							
<b>Census Tract/Variable</b>	<b>106.04</b>	<b>106.06</b>	<b>106.08</b>	<b>106.09</b>	<b>106.10</b>	<b>106.12</b>	<b>106.13</b>	<b>106.17</b>
Comparatively lower % of college graduates (Table 15)		4.6%		1.2%				7.9%
Social Isolation – living alone (Table 17 -inverted)		143		186	292		284	
Social Isolation- non-family residence (Table 18)				123 males	227 females 118 group quarters		272 females	
Grandparents raising grandchildren (Table19)				17			31	
Comparatively higher poverty rates (Table 20)				42.2% below FPL	24.8% below FPL		30.2% below FPL	40.9% below FPL
Comparatively higher proportion of single seniors (Table 21)		84% female 65+		72% men 79% female 65+				81% male 80% female 65+

## **The 2007 Unmet Needs of Seniors in Miami-Dade County: The Alliance for Aging Study**

### **Methodological Issues**

In 2007, the Alliance for Aging conducted extensive research to provide data relating census data on seniors to usage/participation in services. This study examined the needs of seniors by zip code. Since zip code data is not coterminous with municipal boundaries, this presents an interpretation challenge. The Town of Cutler Bay overlaps several zip codes. Based on a review of a zip-code/municipal boundaries map these are:

- 33157 – the northern half of the Town falls into this zip code;
- 33189 – the central third of the Town falls into this zip code;
- 33190 – the southern portion of the Town south of SW 216<sup>th</sup> Street falls into this zip code.

For purposes of this report, the findings relevant to zip code 33157 and 33189 will be reported most consistently. Given the small proportion of zip code 33190 that falls into the Town, it would be misleading to generalize data from those zip codes to Cutler Bay as a whole. Data from these zip codes will be reported but conclusions or inferences should be limited.

***NOTE: The 2010 Census release of data aggregated down to the block group would allow the Town of Cutler Bay to determine more precisely which block groups/neighborhoods have residents with the risk factors described in this study. That data is not included in this study.***

### **Relevant findings of the 2007 Unmet Needs Study**

The Unmet Needs Study had several findings of relevance to Cutler Bay. These rank zip codes in Miami-Dade County by relative needs of residents based on these risk factors. These included:

The Town of Cutler Bay contained 1% of the total population of Miami-Dade County, but zip code 33157 ranked in the medium high range for the number of residents age 60 years+ (9,833). The projected growth rate in this population was projected at that time to increase 17% in zip code 33157, 22% in zip code 33189, and 45% in zip code 33190 by 2012. The projected growth of Hispanic elders age 60+ in zip codes 33189 and 90 was projected to grow at a faster rate than the overall elder population, estimated at greater than 31%.

- Zip code 33157 had 9,833 residents age 60+; of these 729 residents were receiving home and community based services (HCBS) funded by the Older American's Act and Medicaid waiver programs. The zip code was ranked in the:
  - a. Highest need category for Elders age 65+ with two or more disabilities, including self-care. (estimated that 138 residents needed these services and were not receiving them).

- b. Highest need category for health indicators – 2 or more indicators (1,759), including self-care (867), and a single physical indicator (561).
  - c. Medium high need category for elders age 85+ (an estimated 151 residents needed these services and were not receiving them). It also had 72% of these oldest residents who were female.
  - d. Moderate need rank for:
    - 1) Elders age 65+ with at least one disability and income below the federal poverty level (FPL). (between 346--584 residents)
    - 2) elders age 75+ with income below the federal poverty level (FPL) (between 322--608 residents)
    - 3) elders age 75+ living alone (an estimated 104 residents needed these services and were not receiving them)
- Zip code 33189 had 3,316 residents age 60+, of these 208 residents were receiving HCBS services. The zip code was ranked in the:
  - a. Highest profile for the percentage (79%) of female residents age 85+, and the low median income (\$29,539) for householders with a member age 65+.
  - b. Medium high need category for elders age 65+ with at least one disability and income below the federal poverty level (FPL), the 25% of elders age 65+ with two or more disabilities, and the 52% of residents age 65+ with income less than 2 times the federal poverty level (FPL). (an estimated 22 residents needed these services and were not receiving them)
  - c. Moderate need category for the percentage (38%) of elders age 75+ living alone. (an estimated 63 residents needed these services and were not receiving them)
- Zip code 33190 had 546 residents aged 60+, of these 23 residents were receiving HCBS services. The zip code was ranked in the:
  - a. Highest profile for the percentage (88%) of females age 85+, percentage (46%) of residents age 75+ living alone, and the low median income (\$36,234) for householders with a member age 65+..
  - b. Moderate need category for elders age 65+ with at least one disability and income below the federal poverty level (FPL) (an estimated 12 residents needed these services and were not receiving them)

## **Conclusion**

The Town of Cutler Bay should focus its planning on identifying the service needs of the small number of residents age 85+, and those 75+ who are living alone, and to assessing the accessibility and adequacy of service providers who serve these populations.

Two smaller sections of the Town, zip codes 33189 and 33190, are the Zip codes with a high percentage of female seniors over age 85 and with a low household income. However, neither of these zip codes comprises a significant proportion of the Town so conclusions must be carefully drawn.

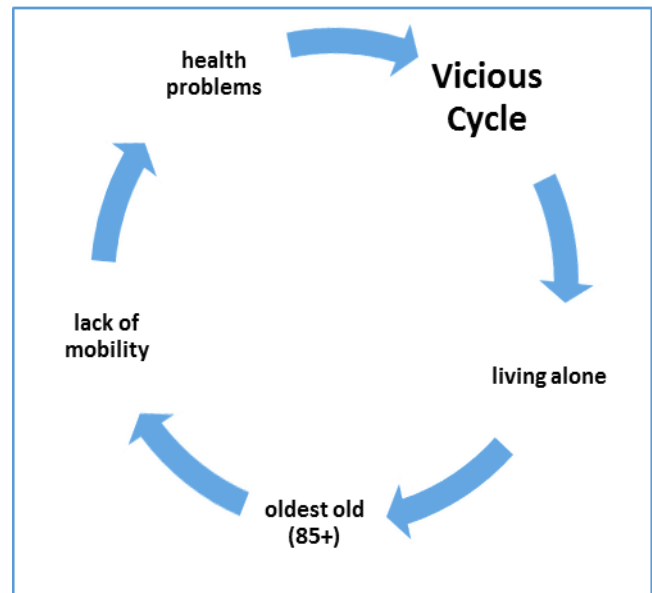
## **Report #2: Types of services being provided and extent to which the services bring about positive outcomes (i.e., client self-sufficiency)**

A survey of 259 seniors (.06% sample) was conducted to obtain data about their lifestyle and needs. An initial survey was conducted from February to April 2013, with a second round in June 2013 to expand the sample of residents living in zip code 33190 and other demographics that were under-represented. It was conducted via individual interviews at locations in the Town where elders congregate, and a smaller sample of homebound elders. A copy of the survey form is found in **Appendix A**.

Conclusion #1: The seniors we interviewed are healthy, mobile, and engaged. As the relevant tables show, these seniors engage in a variety of proactive health practices, are able to move around the community and actively interact with others. They are exemplars of the changing image of aging in which people are indeed healthy and living active lifestyles. The stereotypical view of the elderly as infirm, isolated and unhealthy applies only to a small minority of this sample. But this small minority will triple over the next 10-15 years (Tables 4 & 5—pages 14 & 15), so now is the time for the Town to prepare to assist their residents so they can “age in place”.

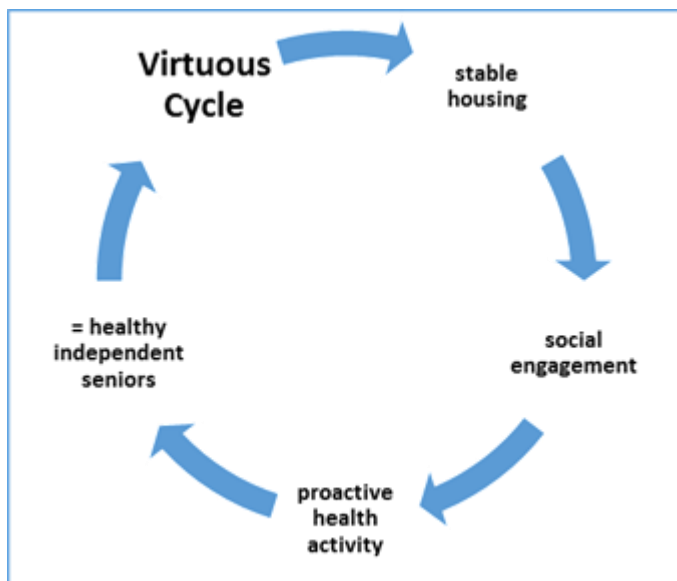
Conclusion #2: Stability of place matters. As Table 43 (page 46) reports, 79% of the sample has lived in their current home 10 years or more. The implications of that statistic are substantive. People who live in one place for 5 years or more have usually developed relationships with neighbors or others who routinely visit their neighborhood for business reasons, have become highly familiar with their environment, have learned how to navigate that environment in ways that foster both a sense of safety and the ability to be mobile in that environment, and are likely to have developed coping mechanisms that allow them to manage in their home and neighborhood. The participants in this survey are avoiding the stresses that come with moving to a new home, having to develop new relationships, and having to learn how to navigate an unfamiliar area. It also means that the Town’s growing population of older seniors will come from within. The “oldest old” — age 80+ will grow from 1,073 today to 1,882 in five years. In ten years, that group will have tripled to 2,955. The “Baby Boom” generation already resides in Cutler Bay. (Table 4—page 14).

**Conclusion #3:** Aging at home or aging in place is an important and effective strategy for elderly services. Building upon conclusions one and two, it is obvious that enabling seniors to remain in their home environment has a positive impact on a number of negative stressors while supporting the social and care networks important to healthy living. Accepting the value of this strategy then leads to the need to maintain the viability of housing AND to develop relationships with senior programs that will help support them in their own homes as their independence declines over time. Advocacy and education to prepare the Town and its residents by building trusting relations with the senior residents and seeking strategies and resources to avoid the “Vicious Cycle” will be essential and will take resources.



**Conclusion #4:** Neighborhood stabilization and housing maintenance programs are cost-effective public investments. As tables 45 and 46 (page 47) indicate, 20% of respondents do need some form of housing support, mostly with respect to maintenance. Public programs that prevent neighborhood and housing deterioration can significantly contribute to seniors continuing to reside in their homes.

**Conclusion #5:** A virtuous cycle. What this study indicates is there is a virtuous cycle at work in which housing stability, proactive health practices and social engagement all contribute to a study sample that is indeed healthy and capable of self-care. These three variables work together to produce an outcome that is both personally and socially beneficial. Public policies and practices that support and promote these three variables will support seniors who are better able to care for themselves, will require less in the manner of costly health and social service programs and will encourage senior residents who are still contributing actively to society.



Cutler Bay seniors are highly independent and capable of managing their lives with a minimum of supportive programs. The majority can meet their transportation needs, live in their own housing and can manage that housing, and are socially engaged. While most are on some form of medication, their overall health status is good and they engage in regular health practices.

The risk factors of social isolation, poor health practices and lack of mobility are very low for most senior residents. That said, approximately 10% of the respondents identified important risk factors. It is these seniors that are at higher risk

and for whom some form of support is needed. (Table 22—page 36). As the report indicated, most of the respondents are not aware of health, recreation or transportation programs that are working well in the Town. This should not be interpreted as meaning existing programs are of poor quality. Given the independence of most seniors, and the relatively low use of senior centers, it is reasonable to assume that their awareness of supportive programs would be low.

At this particular point in time, senior services should be highly targeted to prepare the Town and its residents by building trusting relations with the senior residents and seeking strategies and resources to avoid the “Vicious Cycle”, while identifying and connecting the most at-risk persons with available senior services. Now is the time for the Town to develop relationships with senior programs that will help support residents in their own homes as their independence declines over time. Advocacy and education to prepare the Town and its residents will take resources.

**Analysis of Cutler Bay Senior Needs Assessment Survey**

This report presents the findings of a senior need assessment survey. After the findings are presented, conclusions are reported. A total of 271 persons returned surveys. Of these, 264 were completed for a completed response rate of 97.4%. 19 of the returned surveys were completed in the Spanish version (7.2%).

**Characteristics of Survey Respondents**

Geographic distribution of returned surveys. Table 23 shows the returned surveys by zip code. Two zip codes, 33189 and 33157 account for the majority of the returned surveys.

**Table 23: Surveys by zip codes**

Table 23: Surveys by zip codes		
Zip Codes	Count	Percentage
33190	36	13.64%
33189	90	34.09%
33157	114	43.18%
Outside Cutler Bay		
33177	4	1.52%
33170	1	0.38%
No zip code	19	7.20%
Total	264	

**Gender response pattern.** Table 24 shows the gender response pattern. Females responded at a greater rate.

**Table 24: Gender**

Table 24: Gender		
Gender	Male	Female
Number	100	157
Percentage	38.91%	61.09%

**Responses by age categories.** Table 25 shows the age response pattern. The age group most responsive was the 71-80 group.

**Table 25: Age response patterns**

Table 25: Age response patterns						
Age	55-60	61-70	71-80	81-85	86-90	91+
Number	38	48	102	40	21	14
Percent	14.77%	19.32%	39.39%	14.39%	7.20%	4.55%

**Ethnicity:** Table 26 shows the response pattern by ethnic category. Self-identified whites were the majority of the respondents.

**Table 26: Ethnicity**

Table 26: Ethnicity				
Ethnicity	Black	Hispanic	White	Other
Number	22	81	146	4
Percent	7.75%	33.33%	58.14%	0.78%

**Living arrangements.** Table 27 reports the living arrangements of respondents. The majority of the survey respondents live with others. Of those who live with others, table 28 reports with whom they live. The majority of these live with their spouses. The provider interviews (see report #3) indicated there are 27 ALFs and group residences, most of which represent 6-8 people living in private homes. Also several larger apartment complexes with varying levels of support services for seniors are located in Cutler Bay. A statistically valid number of these residents were included in this sample so as to not “skew” the overall results of the survey.

**Table 27: Living arrangements**

Table 27: Living arrangements		
Status	Alone	w/others
Number	88	159
Percent	35.94%	64.06%

**Table 28: Living arrangements of those who live with others**

Table 28: Living arrangements of those who live with others						
Category	Spouse	Children	Grandchildren	Friends	Room mate	other
Number	68	20	10	4	8	4
Percent	66.97%	16.51%	7.34%	1.83%	5.50%	1.83%

**Income:** Table 29 reports the income of respondents. Nearly 40% have an income of less than \$25,000 and over 50% report an income of more than \$40,000.

**Table 29: Income**

Table 29: Income						
Category	Under \$25K	25-39	40-59	60-79	80-100	100+
Number	61	24	22	32	14	11
Percent	37.19%	14.6%	13.41%	19.51%	8.53%	6.76%

**Sources and quality of information.** Table 30 reports the respondent's sources of information. TV is the dominant medium but all sources are used by a substantive number of respondents. Table 31 provides the data on respondents self-rating of information quality. The majority rated the information they received as clear.

**Table 30: Sources of information**

Table 30: Sources of information							
Category	Church	Neighborhood Newspapers	City Newspapers	TV	Radio	Internet	Word of Mouth
Number	65	108	157	209	98	126	120
Percent	23.86%	40.15%	59.85%	83.33%	37.50%	49.24%	45.08%
<i>Percentage calculations are based on the sample N of 264 since respondents can choose more than one category.</i>							

**Table 31: Information quality**

Table 31: Information quality		
Category	N	Percent
Clear	131	68.23%
Confusing	38	19.79%
Inaccurate	23	11.98%
	192	

**Health, Wellness and Personal Safety.** Table 32 provides the respondent's self-rating of their health status. Tables 33-42 report on various specific health indicators. A review of these tables indicates that the majority of survey respondents engage in recommended health practices and view themselves as healthy. However, the relatively significant number of seniors answering "YES" in Tables 36 and 37 indicating that they either provide or receive help from others forecasts a future demand for support. Tables 38-39 also are indicators of an emerging opportunity for wellness education/programs related to exercise and diet. And Table 40 indicates that over 93% are taking medications, another opportunity for wellness education. A useful strategy would be to link elders who are not exercising and/or need nutrition counseling for their special diets to programs that are available.

**Table 32: Health (*self-rating of Health Status*).**

Table 32: Self-Rating of Health Status		
	Number	Percentage
Excellent	45	17.44%
Good	160	62.02%
Fair	49	18.99%
Poor	4	1.55%
	258	

**Table 33: Annual visit with physician**

Table 33: Annual visit with physician		
Category	Number	Percentage
Yes	247	95.37%
No	12	4.63%
	259	

**Table 34: Annual blood pressure checkup**

<b>Table34: Annual blood pressure checkup</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	250	97.28%
No	7	2.72%
	257	

**Table 35: Self-preparation of meals**

<b>Table 35: Self-preparation of meals</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	237	94.42%
No	14	5.58%
	251	

**Table 36 Receive help from others**

<b>Table 36 Receive help from others</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	48	18.68%
No	209	81.32%
	257	

**Table 37: Provide assistance to others**

<b>Table 37: Provide assistance to others</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	63	25.10%
No	188	74.90%
	251	

**Table 38: Regularly exercise**

<b>Table 38: Regularly exercise</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	174	72.20%
No	67	27.80%
	241	

**Table 39: Follow a special diet**

<b>Table 39: Follow a special diet</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	85	42.93%
No	113	57.07%
	198	

**Table 40: Using medications**

<b>Table 40: Using medications</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	229	93.85%
No	15	6.15%
	244	

**Table 41: Report feeling safe**

<b>Table 41: Feeling Safe in Current Neighborhood</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	250	96.15%
No	10	3.85%
	260	

**Table 42: Rating of health and wellness programs that are working well**

<b>Table 42: Rating of health and wellness programs that are working well</b>		
<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Yes	24	10.34%
No	8	3.45%
Don't know	200	86.21%
	232	

**Table 43: Survey Respondents Requesting Assistance and/or Information**

Zip Code	Total # of surveys	Number of requests	% requesting assistance	% requesting information
33157	115	46	12%	28%
33189	90	32	12%	23%
33190	36	12	11%	22%

**Housing Information.** This section of the survey addressed the housing practices and needs of respondents. As table 43 indicates, the vast majority (78%) of respondents have lived in their current home over ten years. Most people (80%) live in single family homes (Table 44). 93% say their home is in good condition and 80% have no difficulty maintaining their home (Tables 45 and 46). 93% are not aware of any housing programs that are working well (Table 47).

**Table 44: Length of residence**

Table 44: Length of residence		
Category	Number	Percentage
Less than 2 years	7	2.75%
Two to five years	22	8.63%
Five to ten years	25	9.80%
Ten years plus	201	78.82%
	255	

**Table 45: Type of housing**

Table 45 Type of housing		
Category	Number	Percent
Single family	201	80.08%
Condo	11	4.38%
Rental	17	6.77%
Assisted Living	9	3.59%
No home	1	0.40%
Public/subsidized housing	12	4.78%
	251	

**Table 46: Housing is in good condition**

Table 46: Housing is in good condition		
Category	Number	Percent
Yes	243	93.46%
No	17	6.54%
	260	

**Table 47: Housing is difficult to maintain**

Table 47: Housing is difficult to maintain		
Category	Number	Percent
Yes	51	19.62%
No	209	80.38%
	260	

**Table 48: Awareness of housing programs are working well**

Table 48 Awareness of housing programs are working well		
Category	Number	Percent
Yes	9	3.88%
No	6	2.59%
Don't know	217	93.53%
	232	

**Recreation, social and cultural opportunities.** This section of the survey addressed participation in various recreation, social or cultural functions. Table 48 shows that 57% had attended a social gathering in the last month. While this might raise some concern about social isolation, 96% had frequent social contact with a friend or family member in the last month as reported in table 49. 22% use the local senior or community center and 59% are unaware of recreation programs that are working well (tables 50 and 51). Table 52 reports the numbers of people who desire specific recreation programs. Table 53 finds that the desire for these programs is between 1 and 3 times a week and people would pay \$10 a month for these programs (table 54).

**Table 49: Attend a social gathering in the last month**

Table 49 Attended a social gathering in last month		
Category	Number	Percent
Yes	141	57.55%
No	104	42.45%
	245	

**Table 50: Have frequent social contact with friend or family member**

Table 50 Have frequent social contact with friend or family member		
Category	Number	Percent
Yes	242	96.03%
No	10	3.97%
	252	

**Table 51: Engage in senior center activities**

Table 51: Engage in senior center activities		
Category	Number	Percent
Yes	52	22.22%
No	182	77.78%
	234	

**Table 52: Awareness of recreational programs that are working well**

Table 52: Awareness of recreational programs that are working well		
Category	Number	Percent
Yes	35	24.31%
No	24	16.67%
Don't know	85	59.03%
	144	

**Table 53: Recreational programs in which residents would like to be able to participate**

Those activities which received the most interest are listed first.

Type of Program	Number who would like
Field Trips	87
Cultural Trips	85
Holiday	62
Health/ Wellness	59
Walking	53
Computer	46
Bingo	45
Arts	44
Safety	44
Aerobic	43
Garden	42

Type of Program	Number who would like
Book	37
Water	29
Dance	26
Paint	25
Nutrition	25
Intergenerational	23
Bunko	20
Domino	19
Games All	18
Sports	18
Needle	14
Financial/Budget Management	14
Cards	11
Senior Olympics	10
Puzzles	9
Music	7

**Table 54: Desired frequency of participation**

Table 54: Interested In Participating In Recreation Programs		
# of Times Per Week	Number	Percent
1 day	77	55.80%
3 days	56	40.58%
5 days	5	3.62%
	138	

**Table 55: Amount willing to pay monthly for recreation programs**

Table 55: Amount willing to pay monthly for recreation programs		
Cost Preference for Programs	Number	Percent
\$10	107	79.26%
\$20	22	16.30%
\$30	6	4.44%
	135	

**Transportation and Mobility.** This section of the survey addressed the ability of seniors to address their mobility needs. These respondents are a very active sample of seniors with 84% taking more than 5 trips per week. Table 55 shows that 73.5% drive themselves, and Table 56 shows how many trips they take per week. For those who do not drive, the vast majority (79%) are transported by family or friends as reported in table 57. A lack of transportation does not prevent respondents from attending desired events as the data of

table 58 indicates. 87% of respondents report there are no persons with mobility issues in their home (table 59). There is little awareness of any local transportation assistance programs that are working well (80% unaware).

**Table 56: Ability to drive**

Table 56: Ability to drive		
Drive	Number	Percent
Yes	189	73.54%
No	68	26.46%
	257	

**Table 57: Number of trips per week**

Table 57: Number of trips per week		
Trips per week	Number	Percent
<5	28	15.73%
5 to 10	76	42.70%
10>	74	41.57%
	178	

**Table 58: Sources of Transportation Assistance for those who don't drive**

Table 58: Sources of Transportation Assistance for those who don't drive		
How Do You Get Around?	Number	Percent
Ride/family	27	79.41%
Public	6	17.65%
Special Transport	1	2.94%
Taxi	0	0.00%
Walk	0	0.00%
	34	

**Table 59: Impact of transportation gap on attending desired events**

Table 59: Impact of transportation gap on attending desired events		
Do Transportation Barriers Prevent Attendance at Events	Number	Percent
Yes	33	15.49%
No	180	84.51%
	213	

**Table 60: Presence of in-home mobility issues**

<b>Table 60: Presence of in-home mobility issues</b>		
<b>Does someone have mobility Issues in your home?</b>	<b>Number</b>	<b>Percent</b>
Yes	30	12.93%
No	202	87.07%
	232	

**Table 61: Awareness of transportation programs that are working well**

<b>Table 61: Awareness of transportation programs that are working well</b>		
<b>Transportation programs working well</b>	<b>Number</b>	<b>Percent</b>
Yes	29	13.06%
No	13	5.86%
Don't know	180	81.08%
	222	

**Volunteerism and Community Involvement-** This section of the survey asked about volunteerism practices and interest. As table 61 indicates, 37.6% of respondents volunteer in some form which represents a high rate of volunteerism. Table 62 indicates about 20% of those not currently volunteering have some interest in doing so.

**Table 62: Volunteerism rates**

<b>Table 62: Volunteerism rates</b>		
<b>Do you volunteer</b>	<b>Number</b>	<b>Percent</b>
Yes	94	37.60%
No	156	62.40%
	250	

**Table 63: Volunteerism interest by those not currently volunteering**

<b>Table 63: Volunteerism interest by those not currently volunteering</b>		
<b>Interested in Volunteering</b>	<b>Number</b>	<b>Percent</b>
Yes	32	21.19%
No	119	78.81%
	151	

## **Conclusions**

Cutler Bay seniors are highly independent and capable of managing their lives with a minimum of supportive programs. The majority can meet their transportation needs, live in their own housing and can manage that housing, and are socially engaged. While most are on some form of medication, their overall health status is good and they engage in regular health practices.

As such, the risk factors of social isolation, poor health practices and lack of mobility are very low for most senior residents. That said, approximately 10% of the respondents identified important risk factors. It is these seniors that are at higher risk and for whom some form of support is needed. (See Table 22).

As the report indicated, most of the respondents are not aware of health, recreation or transportation programs that are working well in the Town. This should not be interpreted as meaning existing programs are of poor quality. Given the independence of most seniors, and the relatively low use of senior centers, it is reasonable to assume that their awareness of supportive programs would be low.

At this particular point in time, senior services should be highly targeted on the most at-risk persons with minimal need for generic senior services.

## Report # 3: Potential gaps in human services currently available to residents

**Ability to obtain assistance.** This section of the resident survey addressed respondent status on their ability to obtain assistance when needed and what specific services are needed. As table 63 indicates, the vast majority of respondents can meet their assistance needs on their own. A small percent (10%) need assistance. Table 64 indicates the numbers of persons identifying specific services they would like assistance in receiving. The percentages needing assistance are roughly consistent with the results of table 63.

**Table 64: Ability to obtain assistance**

Table 64: Ability to obtain assistance		
Able to get help	Number	Percent
Yes	181	89.16%
No	22	10.84%
	203	

### Needs Identified By Survey Respondents

**Table 65 Areas where respondents indicated that they need assistance**

Table 65: Areas where assistance is needed		
Need Assistance	Number	Percent of Total Respondents
Cultural/Social	28	10.61%
Personal safety	24	9.09%
Volunteer	23	8.71%
Transportation	19	7.20%
Home repair	15	5.68%
Health	14	5.30%
Employment	8	3.03%
Housing	7	2.65%
Meal prep/delivery	7	2.65%
Personal care	6	2.27%
Finance	5	1.89%

Table 66 identifies the number of survey respondents who requested that the Town of Cutler Bay follow up with them for information or assistance.

**Table 66: Persons providing contact information to obtain assistance or information needs**

<b>Table 66: Persons providing contact information to obtain assistance or information needs</b>			
<b>Need assistance or information</b>	<b>Number</b>	<b>Percent</b>	<b>Percent of Total Respondents</b>
Assistance	6	6.12%	2.27%
Information	66	67.35%	25.00%
Both	26	26.53%	9.85%

### **Summary of Service Provider Interviews**

A sampling of ten providers who serve senior residents from the Town of Cutler Bay were interviewed. Alan Ricke and Colin Wells from the Town of Cutler Bay Parks and Recreation Department were helpful in reviewing varying lists of providers and determining which were active in this community and should be included in this sample.

In addition to informal discussions, the lists reviewed included: The Alliance for Aging Service providers, the Town of Cutler Bay Assisted Living Facilities and Group Homes, local churches within the Town boundaries, and additional providers provided by representatives from Parks & Recreation.

The goal was to be as diverse as possible, even with a small sampling of 10 providers. The town is small and close knit. Most providers were familiar with each other although there was very little collaboration and sharing of resources.

The sampling includes: 2 small (ALFs) privately operated assisted living facilities, 2 independent living facilities managed by HUD, a more upscale senior living community, 2 adult day care facilities; one run by Miami Dade county and the other private, the south Miami Dade Cultural Arts Center, the Town of Cutler Bay Parks & Recreation and CAC Florida Medical Center.

We identified five major churches within the community, and after reaching out to all of them concluded that faith-based services to their senior population are very limited. Only one church acknowledged working with a senior population through church related activities that anyone could engage which are specifically for their members. Another church offers a food pantry that is open to the community. Two others have no designated programming and one church never returned our call.

There are 27 identified Assisted Living Facilities (ALFs). (See map 7 of ALFs and Group homes, provided by the Town.) We identified a sample of 8 (30%) to contact. From this random sample, we were able to interview three facilities, 2 that were licensed for 6 clients and one that was a major senior living community with over 350 residents. Three did not respond after a several contacts, and one telephone number was no longer in service.

There is no senior citizen center in the town or a community center that could accommodate senior programming. The park has a small facility that is minimally adequate for most activities, Eastridge has a very nice community room but it is for resident activities. Other nearby facilities have not begun any

discussions about sharing and creating collaborative programming. The Cultural Center has space but needs consistency and flexibility to make it available.

All residential facilities provided meals, some breakfast, lunch and dinner. Others served lunch only.

Eight of the ten providers interviewed identified transportation as a major barrier to services for the elderly. There is a local town circulator with a limited route operated by Miami-Dade Transit. Getting to it is problematic for seniors that would need to walk several blocks to catch it and walk more to get to their destinations. As a result, it is not used much by this population. Additionally, the schedule for the circulator transit currently operates three days per week.

A second independent facility complained about the reduced schedule of Miami-Dade public transportation that comes once per week to take elders to the super market. The transportation provider used to operate 2 days each week and they believe the need justifies that frequency to be re-instated. For most, this is their only means of getting to the supermarket and the nearest store is 2 miles away. It is also the only outing that most residents have weekly.

Most of the providers would like to have transportation provided for social activities. Even the Cultural Arts Center budget can't accommodate transporting seniors for Center activities. The greatest need request is for tickets and transportation to special events.

There are very limited programming designed for the senior population in the Town of Cutler Bay. There are approximately 6,000 residents aged 55+. Providers recognize that additional resources are needed to create a more engaged quality of life for this population. And although transportation has been identified as a major barrier, there was mixed opinions on the residents' level of participation. Some sites felt that if more activities were provided that they would participate. And another site acknowledged that there is most often the same 10% participation for all of the activities provided. Many just chose not to be bothered.

From this representative sampling, it appears that the majority of seniors in the community are not active in any structured senior programs. However, this conclusion will need further exploration. The providers we interviewed each serve very small numbers and there was no direct information available from the providers as to how many of the residents participating in their programs have their own transportation and are able to organize their own activities. By contrast, there are those that are still mobile and independent, but since they are living on fixed incomes, may have a limited ability to get around without outside transportation resources.

It is clear from both the resident survey and the provider interviews that residents don't know where to go to find services if they should need them in the future. Connecting residents to information about available services will be a valuable first step for the Town of Cutler Bay. In the future, other mechanisms to survey older residents on their quality of life will help the Town prepare as its older residents move from active and independent into their 80s when the impact of aging will affect their quality of life.

## Provider Agency Community Interviewed

Table 67 provides a description of the service agencies by type. All of these agencies serve seniors in Cutler Bay. The numbers of persons served range from 6 to 280. Three of the agencies serve over 200 persons while four serve less than 100.

<b>Table 67: Agencies Interviewed By Type</b>		
<b>Agency Type</b>	<b>Number</b>	<b>Percentage</b>
Non-profit	2	20.00%
Faith based	1	10.00%
Government	3	30.00%
For profit	4	40.00%

## Types of Services Offered

Table 68 provides a summary of the services provided by these agencies. The most commonly provided service is information and referral, followed by case management and medical health care. None provide financial assistance. Table 68 lists other services that are identified by the providers. Table 69 describes the senior populations served by these providers-- 90% of the agencies serve Hispanic seniors and 100% have bi-lingual staff. None provide any services for grandparents raising grandchildren. The only barrier to service identified was transportation and that was by only 20% of the agencies (Table 71).

<b>Table 68: Services Offered By Agencies Interviewed</b>		
<b>Service</b>	<b>Number</b>	<b>Percentage</b>
Information & Referral	6	60.00%
Medical Health Care	4	40.00%
Case Management	4	40.00%
Transportation.	3	30.00%
Personal Safety Crime Prevention.	3	30.00%
Meals	3	30.00%
Per. Care Home Making	3	30.00%
Mental Health Counseling	2	20.00%
Rent Mortgage Housing	1	10.00%
Home Repair	1	10.00%
Volunteer/ Employment Opportunities	1	10.00%
Financial Assistance &/or counseling for home energy bills, SNAP, health costs, homecare, senior employment, etc.	0	0.00%

<b>Table 69: Other Services Offered by Providers</b>
Arts/Craft, Exercise, Group Reading, Park, Marina, Dancing
Recreation, Wellness, Clinic Pharmacy, Lab services, House calls (health care provider)

### Ability to Serve a Diverse Senior Community

<b>Table 70: Ability to Serve the Senior Community</b>		
<b>Service</b>	<b>Number</b>	<b>Percentage</b>
Serve Hispanics	9	90.00%
Staff Bi-lingual	10	100.00%
Homebound Services	5	50.00%
Services for Raising Grandchildren	0	0.00%

<b>Table 71: Barriers to Services</b>		
<b>Barrier</b>	<b>Number</b>	<b>Percentage</b>
Funding	0	0.00%
Capacity/ Language	0	0.00%
Transportation	2	20.00%
Expertise	0	0.00%
Staffing	0	0.00%

**Post-Hospitalization Services**--One new program that addresses a significant service gap for seniors is the Community Based Care Transitions Program (CCTP). The Alliance for Aging, Inc., the designated Area Agency for Aging for Miami-Dade and Monroe counties, Florida (AAA), has partnered with Baptist Hospital of Miami, Doctors Hospital, Jackson Health System, Larkin Community Hospital, Mount Sinai Medical Center, South Miami Hospital, Walgreens Pharmacy, and University of Miami Hospital to form the Greater Miami Coalition to Prevent Unnecessary Re-hospitalizations (GMCPUR). Additional partnership members include five community based organizations with extensive case management and social service experience: First Quality Home Care, Jewish Community Services, Miami Jewish Health Systems, Specialized Nursing Services, and United Home Care. The partnership is committed to providing care transition services (one-on-one coaching in the hospital as well as the home and/or Skilled Nursing Facility) to eligible Medicare beneficiaries discharged from the hospitals in the GMCPUR Community. Another partner, Independent Living Systems (ILS), will provide support to the coalition coaches by coordinating telephonic follow-up for the agencies.

Through this initiative the Alliance will provide hospital to home transition services each year to 8,112 Medicare fee for service beneficiaries, who are at high risk of re-hospitalization within 30 days of discharge. This five-year initiative is expected to generate over \$7 million in savings each year from avoided unnecessary re-hospitalizations and is a valuable Medicare benefit.

Two additional components support the GMCPUR Coaching Intervention consisting of at home meals (10 meals) for patients who have short-term nutrition needs upon discharge and post discharge medication

transition intervention which will be provided by Walgreens Pharmacy. This intervention also provides a service to patients by delivering discharge medications to the patient’s bedside prior to leaving the facility.

The coaching intervention will target Medicare fee-for-service beneficiaries (including dual-eligible beneficiaries 21 years of age or older) and patients must present with primary diagnoses of AMI, HF, PNE, or any of the following conditions associated with the greatest percentage of readmissions for the community:

- Septicemia/shock
- Urinary tract infection
- Vascular or circulatory disease
- Chronic obstructive pulmonary disease
- Peptic ulcer, hemorrhage, other specified gastrointestinal disorders •Renal failure
- Diabetes or diabetes mellitus complications, or
- Major complications of medical care and trauma

If you have any questions or would like additional information regarding this new Medicare initiative, please feel free to contact Tamara Ovadia-Milian, MSW, Community-Based Care Transitions Program Administrator, at 305-671-6326 or via e-mail at [ovadiat@elderaffairs.org](mailto:ovadiat@elderaffairs.org).

**Unemployment Rate in Miami-Dade County by Age**

The Beacon Council Research & Strategic Planning staff was able to provide data countywide for unemployment by age. The US Census breaks down the age groups in the following way: 55-64; 65-74; and 75 years and over. The AARP SCSEP provides a senior employment service near Southland Mall, and reports a significant demand for employment from seniors due layoff and other economic challenges.

**Table 72: Senior Unemployment**

Age Range	Unemployment Rate
55-64 years	9.8%
65-74 years	8.6%
75 years and over	11.9%

*Source: US Census Bureau, ACS 1-Year Estimates, 2012*

**Sources of Funding**

Table 73 reports the major funding sources for the agencies. Some agencies receive funding from more than one source. Three of the agencies charge fees. None report they are engaged in fund raising efforts. Table 74 reports on funding approaches. 100% of the agencies report that their funding covers their service costs and 50% report engaging in creative funding strategies. However, 50% of the agencies report there are gaps in desired services.

Table 73: Funding Sources	
Funding Agency	Number
Miami-Dade County	2
Area Agency on Aging	1
Other Government.	1
Medicare Insurance	5
Donations Fundraising	0
Private Pay	3

Table 74: Funding Capacity and Strategy		
Funding Capacity & Strategy	Number	Percentage
Funding Covers Services	10	100%
Utilize Creative Strategies	5	50%

## Communication with Seniors

Table 75 reports the major tools used to communicate agency services. Word of mouth is the dominant mechanism with some use of community newsletters and the internet.

Table 75 Communication Strategies		
Communication Mechanism	Number	Percentage
Word of Mouth	5	50.00%
Community Newspapers	4	40.00%
Internet	3	30.00%
TV	0	0.00%
Church	0	0.00%
Radio	0	0.00%

## Conclusions

Active seniors in Cutler Bay can access a full range of services without any significant barriers. While all agencies could effectively use additional resources, there do not appear to be any significant service gaps related to funding. The one exception are grandparents raising grandchildren, for whom no services exist in the local community.

However, few resources specifically directed to the senior population are located in southeastern Miami-Dade County. Both the County and Area Agency on Aging currently target their public funding to low income,

older seniors in the Homestead/Florida City/ Naranja/Goulds area. As the Cutler Bay population ages, it will be an important strategy to reach out to these traditional aging service organizations to develop either outreach or transportation strategies so that Cutler Bay's seniors can participate in regional resources.

From this statistically valid and representative sampling, it appears that the majority of seniors in the community are not active in any structured senior programs. We recommend that this conclusion be further explored. The providers we interviewed each serve very small numbers and there was no specific information available from the providers as to how many of the residents participating in their programs have their own transportation and are able to organize their own activities. A second group are those that are still mobile and independent in their home situation, but since they are living on fixed incomes, may have a limited ability to get around without outside transportation resources

As would be expected in a small city, information about these agencies comes by word-of-mouth from other residents and the local community newsletters. There is little need for extensive advertising.

### **Recommended strategies for the future:**

1. There are pockets of seniors and other vulnerable adults living in ALFs, group homes and apartments that will need further attention; this study interviewed the providers but only a few residents.
2. Identifying transportation resources for these more isolated seniors should be a priority, otherwise a demand for in-home or specialized senior services will arise sooner than necessary.
3. An issue to be analyzed is whether the private & non-profit providers of residential housing are advocates for and responsive to the needs of people aging in place.
4. Initial strategies for the Town might be:
  - a. Continue to build trust and relationships with seniors via intergenerational programs, computer learning & other recreational engagements identified by the survey respondents.
  - b. Outreach to connect with those living in multi-person sites & assess priorities and effective communication vehicles for them.
  - c. Keeping a watch for the quality of those group residential program; aging services are stretched very thin and if there are any problems the Town will probably identify them earlier than AAA or the County. It would be helpful to orient Town staff about elder abuse & neglect so they know how to be observant and where to call for help. Code enforcement or other neighborhood workers can often be the first to notice a home that is being neglected & whose owner needs assistance.
  - d. Review the adequacy of transportation options (bus, jitney and STS) near these residences.
  - e. Schedule more informational sessions about how to "age in place" over the next few years as the Town's population gets older.
  - f. Make information available to senior resident groups about services available through Miami-Dade County and the Alliance for Aging, including how to prepare for and cope with unexpected accidents and health challenges. (See page 58).

5. Caution: all levels of government have lost significant revenue in recent years, so mutual support opportunities for residents to help their seniors and each other should be considered equally with new funding.
6. Town of Cutler Bay should develop a relationship with the Alliance for Aging and the Miami-Dade County Elderly and Veterans Services programs so they share information and can jointly address opportunities and concerns.

## APPENDICES